

Letter of Disclosure

Please read the following disclosure, sign, date it and return it to our office with your patient information forms.

- 1. I will provide information to my patients about the methods of therapy and techniques used in my office and the duration of therapy if it is known.**
- 2. The patient at any time may seek a second opinion from another health care professional or may terminate therapy at any time.**
- 3. Sexual intimacy is never appropriate in a professional relationship and should be reported to the director of the Division of Registration in the Department of Regulatory Agencies.**
- 4. My undergraduate studies were done at Herbert H. Lehman College, City University of New York and the University of Colorado at Denver. I am a 1979 graduate of the Boulder College of Massage Therapy having completed a 1500-hour training and certification in massage therapy. In 1994, I graduated from the Colorado School of Traditional Chinese Medicine, a three year, 2100-hour program. I am certified by the National Commission for the Certification of Acupuncture and Oriental Medicine as a Diplomate of Acupuncture and a Diplomate of Chinese Herbology. I am certified in Traditional Chinese Medical Gynecology, NAET and BioSET™ Allergy Elimination. I graduated from the Oregon College of Oriental Medicine with a doctoral degree in Acupuncture and Oriental Medicine in August, 2008.**
- 5. I am licensed as a massage therapist and as an acupuncturist in the state of Colorado.**
- 6. I hereby state that I am in compliance with all rules and regulations promulgated by the Department of Health, including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. I use disposable needles.**
- 7. The practice of acupuncture is regulated by the Dept. of Regulatory Agencies, 1560 Broadway, Suite 1300, Denver, Colorado 80202, (303) 894-7690, Ms. Lauren Larson, is the Director of the Divisions of Registrations.**
- 8. The following is my fee schedule:**

New patients: \$195.00	Continued visits: \$125.00	Children Under 12: \$120
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- 9. I have a minimum 24-hour cancellation policy for cancellations or changes concerning appointment times. For Monday appointments, cancellations must be received before the previous Friday by 2:00pm. Failure to comply with this policy will result in a charged for that appointment. Please be on time for your appointments and mindful of our need to have adequate time to fill cancelled appointments.**
- 10. I understand that I am financially responsible for all charges at the time of services rendered. Failure to pay the amount due, within 30 days is subject to an additional 16.99% interest charge. After 60 days, I understand that my unpaid account may be sent to collections.**

Signature of patient or guardian

Date