

Colorado Mandatory Disclosure and Informed Consent

Meeting Point Acupuncture, LLC

Jessica Hardy, Dipl.Ac.,L.Ac. Ph: 303-777-0320 570 S. Broadway
Nate Mohler, Dipl.Ac., L.Ac. Fax: 303-777-0221 Denver, Co 80209
Ramona Goldman, Dipl.Ac., L.Ac. www.meetingpointacupuncture.com

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have any comments, questions, or complaints, contact the Acupuncturists Registrations Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-2440. The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies.

Clinic Fee Schedule (due at time of service)

Community Room: Sliding scale of \$20-\$40 with an additional \$15 for initial intake

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| Private Treatments: | Initial Intake Consultation and Treatment | \$95 |
| | Follow-up Treatment | \$65 |
| | Herbal Consultation only | \$40 |

Insurance: We do not bill insurance. Upon request, we will provide you with a receipt for your insurance company.

24 hour notice is required for change of appointment or cancellation. If you are unable to give 24 hour notice, we will do our best to fill your space but if we are unable to do so you will be charged a \$30 fee for that appointment.

Practitioner Education, Certification, and Experience

Jessica Hardy, Dipl.Ac., L.Ac.- Master of Science in Traditional Chinese Medicine from Colorado School of Traditional Chinese Medicine in 2003. NCCAOM Diplomate in Acupuncture issued in 2003. Colorado Licensed Acupuncturist (#971).

Nathan Mohler, Dipl.Ac, L.Ac.- Master of Science in Oriental Medicine from East-West College of Natural Medicine in 2003. NCCAOM Diplomate in Acupuncture issued in 2003. Colorado Licensed Acupuncturist (#1698).

Ramona Goldman, Dipl.Ac., L.Ac.- Master of Science in Oriental Medicine from the East West College of Natural Medicine in 2011. NCCAOM Diplomate in Acupuncture issued in 2011. Colorado Licensed Acupuncturist (#1729)

Informed Consent

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist, Jessica Hardy, Noelle Mantas and Casey Rein. I have been informed that acupuncture is a safe method of treatment but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at site of procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the acupuncturist.

I have discussed the nature and purpose of my treatment with the acupuncturist(s) named above. I understand that there are no guarantees regarding cure of improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provider who may be more qualified to treat me outside of these facilities. I do not expect the acupuncturist to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which the acupuncturist judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time.

I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

Signature of Patient or Person authorized to consent

Relationship or Authority of Representative

Date

Signature Acknowledging the receipt of HIPPA Policy

Date