

## **Acupuncture clinic disclosure statement & informed consent**

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, and Colorado State 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 Department of Regulatory Agencies regulates the practice of acupuncture. Inquiries should be made to: Director of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, CO 80202, 303 894 7800. Patients are instilled to receive information about the methods of therapy, techniques used, and the duration of therapy if known. Patients may seek a second opinion and may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director if the Division of Registration in the Department of Regulatory Agencies.

**Private session initial appointment \$140**

**Acupuncture and Cranial Sacral session \$85**

**Community Clinic Fee \$50**

**if you need the sliding scales please talk to me before the session**

**Sliding scale: \$50 to \$25. \$10 fee for initial visit**

Herbal supplements are charges in addition. UNOPENED herbs have a 14day return policy.  
Initial\_\_\_\_\_

We do not bill insurances, except for automobile accidents. The sliding scale pricing does not apply if we bill insurance, but is offered for payment at the time of service, cash or checks. If you need a receipt, and will be reimbursed for the treatment, please pay the full amount.

**We have a 24hour cancellation policy. Missed appointments may be charged in full** Initial\_\_\_\_\_

## **Practitioner Education, Certification, and Experience**

Samhitta Jones L.Ac, MS, MT, Cranial Sacral Therapist

Diploma in Traditional Chinese Medicine from Colorado School of Traditional Chinese Medicine in Denver, CO in 1998.

Master's Degree in Chinese Medicine from South West Acupuncture College Boulder, 2006,  
Colorado Licensed Acupuncturist (#496)

Nationally Certified Massage Therapist 1995, Cranial Sacral Therapist since 1993.

Private practice in Acupuncture since 1998

## **Informed Consent**

I hereby request and consent to acupuncture procedures by Samhitta Jones L.Ac. 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 the 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 inform the acupuncturist. I have discussed the nature and purpose of my treatment with Samhitta Jones. I understand that there are no guarantees regarding cure or improvement of my condition, that there may be limitations to the care provided and that in my best interest I may be referred to another health care provider to treat me outside these facilities. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications, and permit her to determine and alter the course of treatment with the acupuncturist judges to be in my best interest based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time.

I have read the above consent. I have also had the opportunity to ask a question about it's content, and by signing it below I arguer 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 \_\_\_\_\_