

CONSENT AND MANDATORY DISCLOSURE FORM

Left Hand Community Acupuncture
720-378-6090

424 E. Simpson St.
Lafayette, CO 80026

I hereby request and consent to receive acupuncture treatment from Caroline Urquhart Adams, L. Ac., MSOM. I understand that methods of treatment may include, but are not limited to acupuncture, moxibustion, cupping, electrical stimulation, shiatsu, herbal medicine, therapeutic blood withdrawal, and lifestyle counseling.

I have had an opportunity to discuss questions I have regarding the nature and purpose of acupuncture and East Asian medicine along with the potential risks of treatment. I also realize that as questions arise, I may feel free to ask them. I understand that although acupuncture and East Asian Medicine have benefited millions of people over thousands of years, no guarantee of cure or improvement in my condition is given or implied.

I understand and am informed that although acupuncture is a safe method of treatment, there are some risks to treatment, including areas of anesthesia, fainting, dizziness, nausea, bruising, slight bleeding, infection, burns, pain and discomfort, pneumothorax, and aggravation of present symptoms. I am fully aware that the acupuncture needles are sterile and disposable and that no needle used on me has ever been used on another person.

I understand that East Asian medicine is not a substitute for standard Western medical care, and I may seek Western medical advice and treatment at any time either instead of or concurrently with acupuncture treatment.

If I am currently or become pregnant, I will notify my practitioner *immediately*.

About Your Practitioner

Education and Experience

Caroline Urquhart Adams, L.Ac., MSOM, B.A. English from University of Colorado (cum laude), 1992. CCAOM clean needle technique certificate, 2006. M.S. Oriental Medicine from Southwest Acupuncture College Boulder, 2009. Acupuncture Sports Medicine Apprenticeship 2017. NCCAOM Renewal 2018. Colorado Acupuncture License #1586. No license, certificate or registration has ever been revoked or suspended.

About the Clinic

As a licensed acupuncturist, I comply with all rules and regulations set forth by the Colorado Department of Health. All rules are strictly adhered to, including proper sterilization of all equipment and sanitation of the facilities. By Colorado law, only single-use, disposable, factory-sterilized needles are used. My training and experience in the recommendation and application of adjunctive therapies and herbs as defined by traditional East Asian medical concepts.

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Patient's Rights

- The patient is entitled to receive information about the methods of therapy, the techniques of therapy, and duration of therapy if known.
- The patient may seek a second opinion from another medical practitioner at any time.
- The patient has the right to terminate care at any time.
- The patient has the right to decline any therapy with which they do not feel comfortable.
- In a professional relationship, sexual intimacy is never appropriate and should be reported immediately to the Director of the Division of Registrations in the Department of Regulatory Agencies (DORA). Feel free to contact them if you have any questions, comments, or complaints. (303) 894-7800

Fee Schedule

Initial Intake Fee	\$15	flat fee
Missed appointment fee	\$15	flat fee
Acupuncture	\$40 - \$65	sliding scale
Cupping treatments	\$40 - \$65	sliding scale
Acupuncture + mini cupping	\$45 - \$85	sliding scale
Private cupping	\$65 - \$85	sliding scale
Herbal consult	\$40 - \$65	sliding scale + the cost of herbs

I have read, or have had read to me, both sides of the HIIPA form. I have also had an opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

I have read, or have had read to me, both sides of this form. I have also had an opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Signature

Date

Patient's Printed Name

Parent or Guardian Signature

I, the parent or guardian of the above named minor, hereby consent to all the above terms and conditions implied in the above document. I give permission for my minor child to undergo acupuncture treatments.

Parent or Guardian's Signature

Date