

COLORADO MANDATORY DISCLOSURE STATEMENT

Erin Pass, L.Ac., Dipl. C.H. (NCCAOM), Cassandra Krug, L.Ac., Dipl. O.M. (NCCAOM),

Barb Jones L.Ac MAcCHM, Tiffany Bilthouse, L.Ac.

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2500 Arapahoe Avenue, Suite 290, Boulder, CO 80302

Education and Experience:

Erin Pass holds a Master of Science, Oriental Medicine degree (MSOM) from Southwest Acupuncture College, obtained in July 2002. This three-year program consists of 2,823 hours of education including 1262.5 hours of clinical practice. In August 2002, she certified as a Diplomate in Acupuncture and Traditional Chinese Medicine granted by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes certifications in Clean Needle Technique and Chinese Herbology. Erin's license number is 839. Her license has been held through the Department of Regulatory Agencies since July 2002. None of her licenses, certificates, or registrations have ever been suspended or revoked. Erin's training includes adjunctive therapies such as moxibustion, tuina, acupressure, cupping, and auriculotherapy as well as dietary and lifestyle recommendations. Erin is a member of the Acupuncture Association of Colorado and the American Acupuncture Council.

Cassandra Krug earned her Master of Science, Oriental Medicine degree (MSOM) from Bastyr University. This 3.5 year program consists of 3,500 hours of education including 1,300 hours of clinical practice. She was certified as a Diplomate in Acupuncture and Traditional Chinese Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes certifications in Clean Needle Technique and Chinese Herbology. In addition to a forty-four hour preceptorship, Cassandra completed sixteen acupuncture internships and eight Chinese herbal internships. Cassandra's training includes additional therapies such as moxibustion, tui na, acupressure, electro-acupuncture, qi gong, gua sha, cupping, auriculotherapy and dietary and lifestyle recommendations. Cassandra was licensed in 2014 as an acupuncturist (ACU.0002005) in Colorado and her license has never been suspended or revoked.

Barb Jones earned her Master of Acupuncture with a Chinese Herbal Medicine specialization at Southwest Acupuncture College in Boulder, CO. She completed a 4-year program which included 3092.5 educational hours and 857.50 clinical hours. Barb also completed 45 hours of electives including classes in distal techniques and sports medicine. She is certified as a Diplomate in Acupuncture and Traditional Chinese Medicine granted by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes a certification in Clean Needle Technique. Her Colorado acupuncture license number through the Department of Regulatory Agencies is ACU 2808. Barb's license has never been suspended or revoked. Her training has included the use of adjunctive therapies such as moxibustion, cupping and auricular therapies along with dietary and lifestyle recommendations.

Tiffany Bilthouse earned her Master of Science, Acupuncture degree M.S. Ac. from Southwest Acupuncture College. This 3.5 year program consisted of 2,600 hours of education and over 700 hours of clinical practice. Tiffany also completed 135 hours in elective courses including Sports Acupuncture, Trigger Point Needling, and Five Element. In addition to these elective courses, Tiffany also completed courses in Orthopedic Anatomy and OB/GYN. Tiffany completed training outside of her graduate school program, where she attained certifications in Trigger Point Injection Therapy, Orthopedic Sports Medicine Acupuncture, and Microneedling facial rejuvenation. She was certified as a Diplomate in Acupuncture (Dipl. Ac.) and Traditional Chinese medicine granted by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes a certification in Clean Needle Technique. Tiffany is a licensed acupuncturist in the state of Colorado, her license number is 0002836. Her training includes a diverse array of therapies such as E-stim, cupping, moxibustion, guasha, auricular, trigger point needling, injection therapy, manual muscle testing, orthopedic evaluation, sports medicine motor points needling, along with dietary and lifestyle recommendations.

I have carefully read and understand the above, and agree to the terms of this Client Disclosure Form.

Signature: _____ Date: _____

Current prices for the Acupuncture Clinic of Boulder are listed on our website at <http://www.acuboulder.com>. Herbal prescriptions, patents, and some other products must be paid for at the end of each visit. They are not included in the price of the visit. Supplements can also be ordered through our on-line stores. We no longer bill insurance, but will provide a Superbill for you to submit to your insurance. If you have MedPay (due to an auto accident), or have a Worker's Compensation claim, we do not bill your insurance. We expect cash or credit card at the time of service. We are happy to provide you with a superbill and you are welcome to submit your invoices to these insurance agencies for reimbursement. This disclosure is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statue Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of the equipment and the office. The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the Division of Registrations in the Department of Regulatory Agencies: 1560 Broadway, Suite 1545. Denver, CO 80202. Phone 303-894-2464. Patients are entitled 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 of the Division of Registrations in the Department of Regulatory Agencies. All updated pricing is listed in our electronic medical scheduling and can be viewed at the time you book your appointment. It is also listed on our website at <http://www.acuboulder.com>

Consent for Treatment

Name _____ Phone (C) _____ (W) _____

Street _____ Sex _____ Age _____ Height _____ Weight _____

City _____ State _____ Zip Code _____

Birthdate _____ Occupation: _____

Employer's Name and Address _____ E-mail: _____

Marital Status _____ Number of Children _____ Referred by: _____

Personal Physician _____ Date of Last Physical _____

In an emergency contact: _____ Phone: _____

I, the undersigned, an adult over the age of 18, hereby consent to receive acupuncture treatment from the Acupuncture Clinic of Boulder, Inc., Erin Pass, L.Ac., Dipl. C.H., Cassandra Krug, L.Ac., Dipl. O.M., Barb Jones L.Ac MAcCHM, and Tiffany Bilthouse, L.Ac.

I am fully aware that the acupuncture needles are sterile and disposable and that no needle used has ever been used on another person.

I fully understand that there is no stated or implied guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that complications may result from acupuncture treatments. Among these possible complications are: areas of anesthesia, fainting, weakness, nausea, hematoma, bruising, infection, burns, pain and discomfort, pneumothorax, and aggravation of present symptoms.

I understand that acupuncture and Chinese medicine is not a substitute for standard Western medicine, and that certain health disorders may require allopathic diagnosis and treatment. I am free to seek allopathic medical advice and treatment at any time, either in lieu of or concurrently with Traditional Chinese Medicine.

I fully realize that I may withdraw from my treatment at any time.

I understand and agree to hold harmless, to indemnify and protect against court action the individual therapist as well as the management of this clinic, in the event of accidental injury on these premises.

Signature _____ Date _____

Parent or Guardian:

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

Parent/Guardian Signature _____ Date _____

Acupuncture Clinic of Boulder, Inc.

Acknowledgement of Receipt of Notice of Privacy Practice (Listed on our Website)

I _____ have received the Notice of Privacy Practices from the Acupuncture Clinic of Boulder, Inc.

X _____ Date: _____

In lieu of patient signature, I, _____ a staff member of the Acupuncture Clinic of Boulder, Inc., state that _____ has been given our current Notice of Privacy Practices.

X _____ Date: _____

Cancellation Policy

Unless cancelled at least twenty-four hours in advance (business day), our policy is to charge for the full price of the visit for missed appointments. We have patients waiting for appointments on our wait list. Your courtesy of a phone call allows us to schedule them. If due, please pay at the front desk before your next appointment. **Your signature indicates you understand our policy.**

Signature _____ Date: _____