

COLORADO MANDATORY DISCLOSURE STATEMENT

Erin Pass, L.Ac., Dipl. C.H. (NCCAOM), Ariel Kallenbach, L.Ac., Dipl.Ac., MAcCHM
Noah Soble, L.Ac, Dipl. Ac., MAcCHM
Phone: 303-665-5515 Fax: 303-665-5832
2500 Arapahoe Avenue, Suite 290, Boulder, CO 80302

Education and Experience:

Erin Pass, L.Ac., Dipl. C.H. 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.

Ariel Kallenbach, L.Ac., Dipl.Ac., MAcCHM earned her Master of Science in Acupuncture and Oriental Medicine degree from the Boulder campus of Southwest Acupuncture College in August 2023. This four-year program consists of over 3,000 hours of classroom education and over 800 hours of clinical practice. She was certified as a Diplomat in Acupuncture and Traditional Chinese Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in December 2023. This included certification in Clean Needle Technique, Acupuncture, and Chinese Herbology. Ariel's training includes adjunctive therapies such as moxibustion, tuina, acupressure, cupping, auriculotherapy and dietary and lifestyle recommendations. . Her Colorado acupuncture license number through the Department of Regulatory Agencies is 2854 and has never had her license suspended or revoked.

Noah Soble, L.Ac., Dipl.Ac., MAcCHM earned his Master of Acupuncture & Herbal Medicine degree from Seattle Institute of East Asian Medicine in August 2022. This three-year professional graduate degree program consists of 2,220 hours including over 1,275 hours of clinical practice. He was certified as a Diplomate of Oriental Medicine (NCCAOM) in November 2022. This includes certification in Clean Needle Technique, Acupuncture, and Chinese Medicine Theory. Noah's training includes adjunctive therapies such as Chinese herbology, moxibustion, tuina, acupressure, cupping, gua sha, auriculotherapy, dry needling, diet and lifestyle recommendations. His Colorado acupuncture license number through the Department of Regulatory Agencies is ACU 2827 and he has never had his license suspended or revoked.

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

Signature: _____ Date: _____

Acupuncture Clinic of Boulder, Inc.

Our current discounted cash prices are listed on our website at <http://www.acuboulder.com/fees/>. Herbal prescriptions, patents, and some other products such as laser therapy 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 offer billing for out-of-network acupuncture benefits. You are responsible for your deductible, co-pays, and any fees assigned to billing while meeting your deductible. The following are standard Insurance billing codes: Please note, codes 97810 and 97811 are billed together, OR 97813 and 97814 are billed together with the addition of an office visit. Infrared heat therapy is optional and billed when used. 97810 Acupuncture with one or more needles without electrical stimulation, initial 15 minutes of personal one on one contact with the patient. 97811 Each additional 15 minutes of personal one on one contact with the patient with re-inspection of needles. 97813 Acupuncture one or more needles with electrical stimulation, initial 15 minutes of personal one on one contact with the patient. 97814 each additional 15 minutes of personal one on one contact with the patient with re-inspection of needles using electric stimulation. Used separately in addition to codes for primary procedure/15 minutes are 99211 or 99213 Minimum Office Visit Acupuncture Treatment. 97026 Infrared Therapy. 20560: Dry Needling, used when one or two muscles are needled without injection. 20561: Dry Needling used when three or more muscles are needled without injection. Please note, when billing insurance, Low Level Light Therapy (LLLT), also called "laser therapy" is not a covered benefit. If you opt for laser therapy, there will be a \$45 cash charge added to your invoice. If Dry Needling is not a covered benefit under your plan, a \$50 cash charge will be added to your invoice. Due to the nature of auto accident insurance billing and the mailing of payments, we require a credit card to be placed on the account. In the event your insurance does not pay, your credit card will be charged for the visit. If your bill nears \$1000 we will cease treatments until your insurance pays, or your credit card has been charged. Please understand enforcing this policy ensures the care of our patients and is designed to protect you. If you have a Worker's Compensation claim, please pay our cash rate and submit the claim to your insurance for reimbursement. This disclosure 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 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>

Acupuncture Clinic of Boulder, Inc.

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. (NCBAHM), Ariel Kallenbach, Dipl. Ac., L.Ac., MACCHM (NCBAHM), and Noah Soble, L.Ac., Dipl. Ac., MACCHM (NCBAHM). 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: _____

Privacy and Sharing of Information: I authorize the clinic and its associated health professionals to collect my personal and medical information for the sake of providing comprehensive and collaborative treatment. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

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

Cancellation Policy: Your appointment time is reserved just for you. A late cancellation prevents the opportunity for another client to receive care. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be responsible for the full cost of the appointment.

Signature _____ Date: _____

Snow Policy

In the event you live in a location where you can rarely leave if it snows, we ask that you adhere to our 24 hour cancellation policy and cancel ahead of time and open the time slot for another client. If the weather event turns out to be minimal, you can call (same day) and get another appointment. This reduces last minute weather cancellations and allows both practitioners and patients to plan. We will do our best to accommodate you.

Signature _____ Date: _____

Acupuncture Clinic of Boulder, Inc.

COVID-19

I understand that the novel Coronavirus (COVID-19) is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that I am the decision maker for my health care. Part of this office's role is to provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of health care during a pandemic. I understand determining who is infected with COVID-19 is exceptionally difficult. I understand this clinic follows Universal Precautions.

To proceed with care, I confirm and understand the following:

I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted. Best practices of disinfecting are being followed to minimize this risk.

I am informed that you and your staff have implemented preventative measures to reduce the risk of spread.

I have read, or have had read to me, the above COVID-19 risk informed consent to treat. I have had the opportunity to ask questions about this consent. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition for which I seek care from this office.

Signature _____ Date: _____

