Disclosure Statement & Informed Consent

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 the office. The practice of acupuncture is regulated by the Department of Regulatory Agencies. Inquiries should be made to: Director of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, CO 80203, (303) 894-7800. 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.

Practitioner Education, Certification & Experience

Brandee Goedecke-Shilling, DACM, Dipl. OM., L.Ac., Master Traditional Oriental Medicine from Pacific College of Oriental Medicine (PCOM) in San Diego, CA, 92011. NCCAOM Diplomate in Acupuncture (#150283) issued in 2012. Colorado licensed Acupuncturist (#0001842) 2012-present in Denver, CO. B.S. in Non-profit Organization, focus on fund-raising and community outreach from Springfield College of MA, 2006.

Clinic Fee Schedule (due at the time of service)

Sliding scale is $61.80 - 87.55 (cash discount price $60-85) unless otherwise posted or announced.

Unity Community Acupuncture makes acupuncture affordable for you to come as often and for as long as needed. A sliding scale is available in the office when you come for the initial visit. An additional $41.20 (cash discount price $40) first time paperwork and intake fee is required at your first visit or if we haven't seen you in the last year.

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

Cancel/Reschedule: We ask our patients to give us 12-hours notice in advance of an appointment if it is necessary to cancel or reschedule. All appointments that are cancelled/rescheduled with less than 24-hours notice and appointments missed without notice will be charged $61.80 for the appointment.

Informed Consent

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist, Brandee Goedecke-Shilling, or any other authorized provider at Unity Acupuncture. 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 the 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, or have any blood borne or communicable diseases, 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 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 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 and that the acupuncturist has a right to decline treatment as well.

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 Date

_____

Relationship or Authority of Representative