

## **Mandatory Disclosure of Information and Informed Consent to Acupuncture Treatment**

Louisville Clinic of Traditional Chinese Medicine  
Galen Williams, Licensed Acupuncturist  
225 West South Boulder Road, Suite 202, Louisville, Colorado 80027  
303.604.0919

*Please read this document carefully and sign where indicated on the reverse side.*

### **Fees**

Initial exam/consultation/acupuncture treatment = \$85.00. Follow-up exam/acupuncture treatment = \$65.00. Facial rejuvenation initial treatment = \$120.00. Follow-up facial rejuvenation = \$100.00. Herbal supplements may be recommended and are an additional cost, typically \$16-20.00 for a week's supply. The cost of any herbs will be discussed with you prior to the preparation of any custom herbal formula. Exam only (for those who only want herbs) = \$45.00, plus the cost of herbs.

All fees are due at the time of each treatment. If you have insurance which covers acupuncture, I will be happy to provide you with a receipt for your claim upon request. I am not able to bill insurance directly.

If you must cancel your appointment, please give at least 24 hours notice; otherwise, you may be charged for missed appointments.

### **Education**

I graduated from Five Branches Institute, College of Traditional Chinese Medicine in Santa Cruz, California, receiving my MTCM (Master of Traditional Chinese Medicine) in 1995. My education included over 800 hours of clinical training, in addition to extensive instruction in the theory and practice of Traditional Chinese Medicine including acupuncture, Chinese herbology, Chinese dietetics, massage and *qi gong*. Western principles of anatomy, physiology, pathophysiology and pharmacology also represent a significant part of our training. The Five Branches Institute degree program includes over 2,500 hours of clinical and classroom training. In addition, I have completed extensive post-graduate studies in gynecology, and continue to develop my professional qualifications in all areas of health and wellness pertaining to Traditional Chinese Medicine.

### **Professional Certification**

In 1995, I was awarded Diplomates in both Acupuncture and Chinese Herbology from the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine, formerly NCCA). I am an active professional member of the NCCAOM in good standing. I also hold a Clean Needle Technique certificate from the Council of Colleges of Acupuncture and Oriental Medicine. I hold an Acupuncture License from the State of Colorado.

### **General Information**

In my practice, I comply with all rules and regulations of the Department of Health with respect to the practice of acupuncture, including those related to the proper sterilization and maintenance of equipment and the sanitation of acupuncture clinics. I use only sterile, single-use disposable needles.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. You can reach the Department by mail at 1560 Broadway, Suite 680, Denver, CO 80202 or by telephone at (303) 894-2464.

You are the most important person on your health care team. You are entitled to receive clear and understandable information about the methods of therapy, techniques used, and the duration of therapy. If you have any questions about your acupuncture or herbal therapy, feel free to call me at the office telephone number above.

You may seek a second opinion from another health care professional, or terminate therapy at any time.

In any 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.

**Informed Consent**

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by Galen Williams and/or other Colorado licensed acupuncturists who may treat me now or in the future while working at or associated with the Louisville Clinic of Traditional Chinese Medicine, or who may serve as a substitute for Galen Williams, also referred to herein as the Acupuncturist.

I understand that there are some minor risks attendant to acupuncture treatment, including, but not limited to some slight bruising of the skin (*hematoma*) and/or slight bleeding. I understand that the risk of infection is negligible when all needles are sterile.

I have had an opportunity to discuss with the Acupuncturist named herein and/or with other office or clinical personnel the nature and purpose of acupuncture. I understand that results are not guaranteed.

I do not expect the Acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the Acupuncturist to exercise judgment during the course of the procedure which the Acupuncturist feels at the time, based upon the facts then known, is in my best interests.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. 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.

**About Your Treatment**

1. Sometimes, after receiving an acupuncture treatment, you may feel a little bit light headed. If that happens, please sit for a while in the waiting room. In a few minutes you'll feel fine.
2. Herbal prescriptions and herbal patent medicines are intended only for the person for whom they are dispensed. Because of the individualized nature of herbal prescriptions, we cannot restock them once they are prepared.

*Please sign and date below to indicate that you have read and understand this form.*

\_\_\_\_\_ date

patient signature (or guardian, if minor)

\_\_\_\_\_

printed name

\_\_\_\_\_

street address

\_\_\_\_\_

city, state, zip

\_\_\_\_\_

telephone number