

Allison Dodge, LAc, DiplAc, MAc, BA

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## Colorado Mandatory Disclosure Statement & Informed Consent

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. All inquiries should be made to: Director of the Divisions of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, CO 80202 or (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 from another healthcare professional 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 rules and regulations set forth by the Colorado Department of Public Health and Environment are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. Only single-use, disposable, factory-sterilized needles are utilized.

## Fee Schedule:

Intake & Consultation \$200Treatment \$120

## <u>Practitioner Education, Certification and Experience:</u>

Allison Dodge, L.Ac., Dipl.Ac., M.Ac. B.A. in Psychology from the University of Michigan in Ann Arbor, MI (1999). Masters in Classical Five-Element Acupuncture from the Institute of Taoist Education and Acupuncture in Louisville, CO (2008). This four-year program for acupuncture consists of over 2,030 hours of education and more than 510 hours of clinical practice. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Diplomat in Acupuncture issued in 2008. Colorado Licensed Acupuncturist (#1425). Private practice in acupuncture since 2008. Allison Dodge also holds certifications in Clean Needle Technique and CPR. Her training includes adjunctive therapies such as moxibustion, Zero Balancing technique, as well as dietary and lifestyle recommendations. She is a member of the Acupuncture Association of Colorado. None of her licenses, certificates, or registrations has ever been suspended or revoked.

## <u>Informed Consent</u>:

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist, Allison Dodge. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including, but not limited to, temporary discomfort or pain, weakness, fainting, nausea, localized bruising, and possible temporary aggravation of existing or past symptoms. Unusual and rare risks of acupuncture include organ puncture and spontaneous miscarriage. If I suspect that I am pregnant, I will immediately inform the acupuncturist. I have discussed the nature and purpose of my treatment with the acupuncturist named above. I understand that there are no guarantees regarding cure or improvement of my condition. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications. I have read or have had read to me the above consent, and I have had the opportunity to ask questions. 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.

I have read and understood this document.		
Client's or Guardian's Signature	Client's Printed Name	Date
Address:		
Phone #s:	Email:	

<sup>\*</sup> Payment due at the time of service.

<sup>\*</sup> The full treatment amount will be charged for cancellations or rescheduling with less than a 24-hour business day notification.