



Colorado Mandatory Disclosure Form

Welcome to our Wellstone Acupuncture. Please read the following information. Once your questions have been answered to your satisfaction and you feel you understand this statement, please sign and date below.

Education and Experience

Helen Bornstein earned her Master of Acupuncture and Oriental Medicine degree from Southwest Acupuncture College in August 2012. The three year program consists of 3,000+ hours of didactic and clinical education. She was certified as a Diplomate in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in October 2012, which includes certification in Acupuncture, Chinese herbology, and Clean Needle Technique. After graduation Helen completed a clinical internship at the Heilongjiang Teaching Hospital in Harbin, China. Helen's training includes adjunctive therapies such as moxibustion, tui na, acupuncture, cupping, auriculotherapy, electrical stimulation (e-stim) and dietary/lifestyle recommendations.

Helen is a member of the Acupuncture Association of Colorado (AAC) and the American Association of Oriental Medicine (AAAOM). She is a registered acupuncturist in Colorado. None of these licenses, certificates, or registrations have ever been suspended or revoked.

This clinic complies with the rules and regulations of Colorado's Department of Regulatory Agencies including the proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, factory-sterilized needles are utilized. No licenses, certificates or registrations have ever been suspended or revoked.

Fee schedule

Intake, initial examination and treatment	\$ 100	+ cost of herbs (optional)
Follow-up visit	\$ 75	+ cost of herbs (optional)
Herbal consultation	\$ 45	+ cost of herbs (optional)
Triple Wellness Treatment	\$145	+ cost of herbs (optional)

Payment by cash, check or credit card is accepted.

Patient's rights

1. The patient is entitled to receive information about the methods of therapy, techniques used and the suggested duration of therapy.
2. The patient may seek a second opinion from another health care professional and may terminate treatment at any time.
3. In a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Director of the Division of Registrations at the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Director of Regulations, Colorado Department of Regulatory Agencies. If you have questions, comments or complaints, you can contact the Acupuncture Registration Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Telephone (303) 894 – 2440.

I have read and understand this document.

Signature: _____ Date: _____



Consent to Treatment

By signing below, I do hereby voluntarily consent to be treated with acupuncture, Chinese herbs and/or therapeutic massage by Helen Bornstein L.Ac.. I understand that acupuncturists practicing in the state of Colorado are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended by this clinic's practitioner.

Acupuncture/Moxibustion: I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Direct Moxibustion: I understand that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Chinese Herbs: I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. *Should I experience any problems, which I associate with these substances, I should suspend taking them and call the Wellstone Acupuncture as soon as possible.*

Acupressure/Tui-Na Massage: I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Electro-Acupuncture: I understand that I may be asked to have electro-acupuncture administered with the acupuncture. I am aware that certain adverse side effects may result. These may include, but are not limited to: electrical shock, pain or discomfort, and the possible aggravation of symptoms existing prior to treatment. I understand that I may refuse this treatment.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician, which would be beneficial to my health and may be recommended by this clinic.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

PATIENT NAME (please print): _____

PATIENT SIGNATURE: _____

Relationship to Patient (if acting as patient representative) _____ **DATE:** _____