

Ariele Myers, L.Ac. 924 Kelly Rd. West. Boulder, CO 80302. 720-775-8808
www.ArielesApothecary.com

COLORADO MANDATORY DISCLOSURE STATEMENT

Ariele Myers is a nationally licensed Acupuncturist and Herbalist. She received her master's degree in Oriental Medicine from New York's Pacific College of Oriental Medicine, after more than 3500 hours of study. She was originally introduced to acupuncture and Chinese Medicine during her education at Tufts University in Massachusetts, from where she received her Bachelor's Degree. Ariele is board certified to practice acupuncture and Chinese Herbology by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). She received both her New Jersey and New York licenses in 2005, and opened Ariele's Apothecary in Hoboken, NJ in 2008. She ran the Apothecary locally until 2016 when she relocated to Boulder, Colorado and received her Colorado Acupuncture License in November of 2015. Ariele's license, certification and registration has never been revoked or suspended. This clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning, sterilization, sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized.

Fee Schedule:

Initial Intake Consultation and Treatment: \$250

Follow up (55 minutes): \$190

Returned Check Fee: \$25

Any herbal supplements will be in addition to the above charges. UNOPENED herbs have a 15 day return policy.

Initial _____

Please note that we have a **24 hour cancellation policy. Missed appointments may be charged in full according to the above fee schedule.** Initial _____

Your rights as a patient:

As a patient you are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. As a patient you may seek a second opinion from another healthcare professional or 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. In general, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, and the HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have comments, questions or complaints, contact the Acupuncture Registration Office, 1560 Broadway, Suite 1350, Denver, Colorado, 80202 Telephone (303) 894 7800

INFORMED CONSENT AND PRIVACY POLICY

I hereby request and consent to the performance of Oriental Medicine treatments including acupuncture and other procedures on me by _____ L.Ac., (hereinafter referred to as "my acupuncturist") or any other licensed acupuncturist practicing at Ariele's Apothecary.

I understand that Oriental Medicine treatments may include, but are not limited to acupuncture, moxabustion, cupping, Tui-Na (Chinese Massage) and other East Asian forms of massage, Gua Sha, traditional Chinese herbal medicine, Qigong and lifestyle/dietary counseling. I understand that herbs may need to be prepared and the teas consumed according to instructions provide to me either orally or in written form. The herbal teas may have an unpleasant smell and taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant side effects associated with the consumption of herbs.

Chinese herbs (which are from plant, animal, and mineral sources) that are recommended are traditionally considered safe when practiced by professional practitioners of Oriental Medicine, although some may be toxic in large doses. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that some herbs are inappropriate during pregnancy or combined with other herbs or prescription medications. I will notify my acupuncturist if I become or suspect that I am pregnant. I will also inform my acupuncturist of any drugs (medicinal or recreational)

and supplements that I take and any changes in those drugs or supplements. I will notify my acupuncturist if I have a history of fainting. I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications and I understand results cannot be guaranteed. I understand that Traditional Oriental Medicine's assessment of my condition is not the same as a conventional medical diagnosis.

I understand that acupuncture is generally a very safe method of treatment with few, but some possible side effects including bruising, pain, numbness or tingling at the needle site that may last a few days, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Bruising is a common side effect of cupping and Gua Sha. Moxabustion and the use of heat therapies may in rare instances cause burning or scarring.

I understand that Ariele Myers, L.Ac. may review my patient records as needed for insurance filings, but that all of my records will be kept confidential and will not be released without my written consent. I also understand that my acupuncturist or office staff may from time to time send me information via mail or email including but not limited to receipts, newsletters, and office announcements, but that my name and contact information will never be released to any other business or organization (other than my insurance company if I am covered for acupuncture). I understand that I may receive a full printed copy of this consent and privacy policy if I request it.

CANCELLATION POLICY

I understand that to avoid a cancellation fee, I must give notice of the cancellation at least 24 hours prior to the appointment time. Cancellations with less than 24 hours but at least 4 hours notification will result in an early cancellation fee of \$50, which will be charged to the payment method I have provided. Also, I understand that cancellations with less than 4 hours notification will result in late cancellation fee of full price of the appointment.

CERTIFICATION

By voluntarily signing below, I certify that I have read, or someone has read to me, the above consent to treatment, I have been told about the benefits and risks of the above procedures, and I have had the opportunity to ask any questions that I had. I intend for 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. I also understand that Colorado state laws require that my

acupuncturist advise me of the importance of consulting a licensed physician regarding my condition.

Patient Name (Please Print)

Patient Signature (or patient representative)

Date

