

Elizabeth M. Ross BSN, Dipl. OM, L.Ac
Carrie M. Tempalski RN, Dipl. Ac., L.Ac
Chloe Andrews Goldberg Dipl. OM, L.Ac
Kim C. Stephens M.S., SLP, Dipl. Ac, L.Ac

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture and Chinese Medicine on me (or the patient named below, for whom I am legally responsible) by the acupuncturist Elizabeth Ross, Carrie Tempalski, Chloe Andrews Goldberg, or other licensed acupuncturists who now or in the future treat me while employed by working or associated with or serving as back-up for the acupuncturists named above, including those working at Source Point Community Acupuncture Clinic or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to: acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may be an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. 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, single-use disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy, and will notify the practitioners if I am pregnant or trying to get pregnant. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

I do not expect the clinical staff to be able to anticipate and explain every possible risk and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks, at the time, and based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

Education and Experience:

Elizabeth Ross and Carrie Tempalski earned their Masters Degree in Traditional Chinese Medicine from the Colorado School of Chinese Medicine in Denver, CO in 2008. This four-year program consists of 2,850 hours of education, including over 700 hours of clinical practice. They were certified as Diplomats in Acupuncture and Traditional Chinese Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in September, 2008. This includes certification in Clean Needle Technique. In 2000, Elizabeth graduated from the University of Southern Colorado with a Bachelor's Degree in Nursing. Carrie graduated with an Associates of Science in Nursing at Front Range Community College in Fort Collins in 1997. Both have since retired from their respective nursing careers.

Training includes adjunctive therapies such as herbal medicine, moxibustion, Tui-na (massage therapy), acupressure, cupping, auriculotherapy, electro-stimulation, Qi Gong/Tai Chi, Dietary recommendations and lifestyle support

Chloe Andrews Goldberg joined the Source Point Community Acupuncture team in 2020 after receiving her Masters degree in Traditional Chinese Medicine from Colorado School Traditional Chinese Medicine, Denver, Colorado. She is a nationally Certified Acupuncturist by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

Kim C. Stephens joined Source Point Community Acupuncture in 2021 as a part time, fill in acupuncturist. She has an extensive background in acupuncture and is a speech and pathologist as well. She graduated from The Midwest College of Oriental Medicine in Racine Wisconsin in 2001.

Elizabeth, Carrie and Chloe, and Kim are licensed acupuncturists in the state of Colorado. No licenses, certificates, or registrations has ever been revoked or suspended. Source Point Community Acupuncture complies with the rules and regulations promulgated by the Colorado Department of public health and Environment, including those related to the proper cleaning and sterilization of needles used in practice and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized.

Fees are due at the time of treatment

Fee Schedule:

Initial Paperwork Fee (first time only)	\$10.00
Acupuncture Treatment, community	\$30.00 - \$85.00 + cost of herbs
Herbal Consultation only	\$25.00 + cost of herbs
Private Treatment	\$75.00 - \$125.00
Missed Appointment	\$30.00

Patient's Rights:

- The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of the therapy.
- The patient 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.
- The practice of acupuncture is regulated by the Director of Registrations at the Colorado Department of Regulatory Agencies. If you have any comments, questions, or complaints, contact the Acupuncturists' Registration Office, 1560 Broadway, Suite 1340, Denver, CO 80202. Telephone 303-894-7851.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

Patient Signature: _____
(Or Patient Representative – Please indicate relationship if signing for patient)

Date: _____

Notice of Privacy Practices Acknowledgement

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

1. Conduct, plan, and direct my treatments and follow up among healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third party payers.
3. Conduct normal healthcare operations such as quality assessment and practitioner's certifications.

I have received, read and understand this notice of privacy practices containing a more complete description of the uses and disclosures of my health information. I understand that this health care office has the right to change its notice of privacy practice from time to time and that I may contact this health care office at any time at the address above to obtain a current copy of the notice of privacy practices.

I understand that I may request in writing that Source Point Community Acupuncture restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that Source Point Community Acupuncture is not required to agree to my requested restrictions, but if they agree to them, are then bound by such restrictions.

Name (print): _____

Signature: _____ Date: _____