

Alexia Bennetts, B.S., L.Ac., Dipl. Ac. #607
Robin van Maarth, M.S., L.Ac., Dipl. OM #1519

DISCLOSURE & CONSENT FOR TREATMENT

Alexia graduated from the Colorado School of Traditional Chinese Medicine. This is a 3 year 1800 hour training leading to a diploma in Traditional Chinese Medicine. Alexia has passed the Acupuncture National Board Exam administered by the National Certification Commission for Acupuncturists and Oriental Medicine (NCCAOM). Alexia also has an undergraduate degree in biology from the University of Colorado.

Robin van Maarth completed a Masters of Science in Oriental Medicine at Touro College of Health Sciences in New York City, New York in 2009. This was a 4 year program consisting of 3,510 hours of education with 1,080 of those hours in clinical practice. She has certification as a Diplomate in Oriental Medicine from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). She also received a Bachelors of Health Sciences from Touro College.

** Calm Spirit Acupuncture, Inc. complies with the rules and regulations set forth by the Department of Health. Sterile disposable needles will be used with each client.

** The practice of acupuncture is regulated by the Department of Regulatory Agencies. The Director of the Division of Registrations is Rosemary McCool. She may be reached at 1560 Broadway, Suite 1350 in Denver, Colorado 80202. Phone (303) 894-7800.

** Clients are entitled to receive a copy of the fee schedule at any time.

** In a professional relationship, sexual intimacy is never appropriate.

** Every client is entitled to receive information about the methods of acupuncture, the techniques used and the duration of the treatment, if known. Questions are welcome.

** Clients are encouraged to seek a second opinion from another health care professional at any time. Clients may terminate treatment at any time, for any reason.

I, _____ (“patient”), hereby consent to treatment encompassing evaluation, acupuncture and/or herbal treatment, education in diet & lifestyle, education in exercise, and hands-on techniques. I reserve the right to question the purpose of care, reasonable alternative forms of treatment, and risks of the recommended care. I recognize the practice of oriental medicine is as much an art as it is a science, and therefore acknowledge that no guarantees have been or can be made regarding the likelihood or success or outcome of treatment. By signing below, I am requesting and consenting to treatment utilizing Traditional Oriental Medicine principles and techniques, to be performed by a licensed professional. If appropriate, physical therapy modalities and treatment may be incorporated into treatment.

Signature of patient _____ Date _____

Witness _____ Date _____