

Colorado Mandatory Disclosure and Informed Consent
Sarah A. Vosen, MSTOM, Dipl. OM, L.Ac. at Sheridan Park Chiropractic
8753 Yates Drive, Ste.104, Westminster, CO 80031

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have any comments, questions, or complaints, contact the Acupuncturists Registrations Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-2440. The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. 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 Registration in the Department of Regulatory Agencies.

Fee Schedule: (due at time of service)
\$85 initial visit-75 minutes, \$65-60 minutes

Payment and Cancellation Fees:

Payment is requested in full at the time of each treatment in the form of valid credit cards(except American Express) or cash. We can provide a superbill for patients who may receive reimbursement from insurance or HSA/FLEX accounts. Your appointment has been reserved for you. A minimum of 24 hours notice is required for all cancellations or you will be billed in full, exceptions due to weather, illness, family emergencies will be considered case by case.

Practitioner Education, Certification, and Experience:

Sarah A. Vosen holds a Master's degree from the Acupuncture and Integrative Medicine College in 2007; NCCAOM diplomate in Oriental Medicine in 2008; CO Acupuncture Licence in 2018(#2387).

Informed Consent:

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist, Sarah A Vosen. I have been informed that acupuncture is a safe method of treatment but that it may have side effects including discomfort, pain, dizziness, bruising or numbness at the site of procedure. Unusual and rare risks may include nerve damage, organ puncture, infection, and spontaneous miscarriage. Other side effects may occur. 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 understand that there may be limitations to the care provided and that in my best interest I may be referred to another healthcare provider who may be more qualified to treat me. I do not expect the acupuncturist to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment as she judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time. I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and 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.

Signature of Patient or Person Authorized to Consent (state relationship) & Date