

**Full Circle Wellness, LLC**  
**Acupuncture & Herbal Medicine**  
Rachael Rose, Dipl.OM, MSOM, LAc  
Denver, CO 80211  
303-480-0080

**Mandatory Disclosure**

Welcome to Full Circle Wellness. Please read the following information and feel free to ask any questions. Once your questions have been answered to your satisfaction and you understand this mandatory disclosure and the attached consent to treat form, please sign them both and we can begin your treatment.

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 by this clinic, including proper cleaning and sterilization of equipment and office.

**Education and Experience**

**Rachael Rose, LAc**

Southwest Acupuncture College, Boulder, Colorado  
Master of Science in Oriental Medicine, 2003  
Bridgewater State College, Bridgewater, MA  
Bachelor of Science in Industrial Psychology  
Mei Zen Cosmetic Acupuncture Seminars  
Whitfield Reaves Acupuncture Sports Medicine Seminars  
Upper Extremity, Lower Extremity  
Injection Therapy Training, Michael Young, LAc, Longmont, CO

Rachael received oriental medicine training and experience in acupuncture and Chinese herbal medicine, as well as adjunctive therapies shiatsu, tui na, acupressure, gua sha, cupping, moxibustion, electric stimulation, bleeding techniques, auriculotherapy and dietary and lifestyle recommendations. Rachael also received training and experience in the application of medicinal plasters and poultices. She is also competent in recommending and applying them to patients, when appropriate. These procedures will be clearly explained to the patients including method and potential risks and side effects.

**Professional Organizations**

Acupuncture Association of Colorado

**Certifications, Licensees and Registrations**

National Commission for the Certification of Acupuncture and Oriental Medicine  
Diplomat in Acupuncture  
Colorado Department of Regulatory Agencies  
Licensed Acupuncturist  
Council of Colleges of Acupuncture and Oriental Medicine  
Clean Needle Technique Certification

Rachael Rose, LAc., has never had an acupuncture license or any other license, certificate or registration revoked or suspended.

The practice of acupuncture is regulated by the Director of Registrations of the Colorado Department of Regulatory Agencies. If you have any comments, questions or complaints, contact the Acupuncturist Registration Office, 1560 Broadway, Suite 1340, Denver, CO 80202. Telephone 303-894-7800.

This clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning and sterilization of appropriate equipment and the sanitation of treatment rooms and service areas. Only single-use, disposable, factory-sterilized needles are utilized in this clinic.

### **Patient's Rights**

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 health-care professional or may terminate therapy at any time.

In any 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.

### **Time of Service/ Cash Fee Schedule**

Initial consultation & treatment (appx. 90 mins.)	\$120
Follow-up treatment (appx. 45-60 mins.)	\$80
House-call (within 4 miles)	\$140
Children initial visit	\$50
Children follow-up	\$30
Cosmetic treatment (45-55 mins)	\$120
Cosmetic package (10 visits)	\$1080
10 visit acupuncture package	\$730
15 visit Family acupuncture package	\$1050

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need to cancel or reschedule an appointment, please do so at least **24 hours** before your appointment by calling **303-480-0080**. Leave a message if you do not speak with someone at the clinic. Cancellation fees are listed below:

Canceling or missing an appointment with less than 24 hours notice is a \$73 charge.  
Canceling or missing a pediatric appointment with less than 24 hours notice is a \$30 charge.

\*Getting to your appointment late will **reduce** treatment time.

All information given to the practitioner is held in the strictest confidence for the practitioner is bound by the rules that govern patient confidentiality and HIPAA rules attached to this form.

I am fully aware that the acupuncture needles are sterile and disposable and that no needle the acupuncturist uses has ever been used on another person.

I fully understand that there is no stated or implied guarantee of success or effectiveness of a specific treatment or series of treatments.

I understand that complications may result from acupuncture treatment. Among these are: areas of anesthesia, weakness, fainting, nausea, hematoma, bruising, pain and discomfort, pneumothorax and aggravation of present symptoms.

I understand that acupuncture and Chinese medicine is not a substitute for standard Western medicine, that certain health disorders may require allopathic diagnosis and treatment, and that I am free to seek allopathic medical advice and treatment at any time, either in lieu of or concurrently with acupuncture treatments.

I fully realize that I may withdraw from my treatment at anytime.

I understand and agree to hold harmless, to indemnify and protect against court action the individual therapist as well as the management of this clinic, in the event of accidental injury on these premises.

I have read the above disclosure statement, agree to its contents, and enter into a patient-practitioner relationship with the licensed acupuncturist, Rachael Rose.

I the undersigned, an adult over the age of 18, hereby consent to receive acupuncture treatment from Rachael Rose, LAc. I have read and do understand this document.

**Parent or Guardian Signature:** I, the parent or guardian of the above named minor, hereby consent to all the above terms and conditions implied in the above document and hereby give permission for my minor child to undergo acupuncture treatments for the purpose and considerations above expressed.

I have read the HIPAA Notice of Privacy Report.

Patient, Parent or  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Concerning Moxibustion**

In many treatments the practitioner will use moxibustion on the patient. Moxibustion consists of placing a small cone of the herb moxa also known as mugwort (*artemisia vulgaris*) upon the skin of the patient and set it to smoldering with an incense stick. In this way heat is transferred to the tissues and acupuncture channels. The moxa is removed when the patient has a sensation of warmth from the herb. Every effort is made remove the moxa before the smoldering portion reaches the skin of the patient. Often the oil from the mugwort will leave a small yellow stain on the patient's skin; this cleans off easily with a small amount of oil, soap and water. For the patient that has never had moxa before, the practitioner will demonstrate the procedure before performing it on the patient. There is a possibility that the moxa may leave a small burn or blister on the patient's skin. The practitioner will do the utmost to insure that this never happens.

## **Concerning Gua Sha**

In certain treatments gua sha may be used. Gua Sha is a technique that involves scraping a special spoon or jade stone over the skin for approximately 5 minutes. Appropriate therapeutic oil will be applied to the area prior to treatment and this allows the stone to glide smoothly over the skin. Subcutaneous bruising often occurs and the surface of the skin will look dramatically colored. The potential exists, however unlikely, for a possible break or tear in the skin layer which may result in bleeding. This occurrence is rarely if ever encountered during gua sha treatment that is properly administered.

## **Concerning Cupping**

Cupping uses a glass cup that is able to create a vacuum and is then placed on the patient's skin. This produces a suction cup effect on the skin of the patient as it is sucked into the cup. Often a "hickey like" bruise will occur in the area. The vacuum is produced by two ways, one, using a suction cup system where the air in the cup is removed and a vacuum is created after the cup is placed on the skin. The second method requires the practitioner to light a cotton ball and hold it in the cup briefly prior to putting it on the patient's skin. In this instance the heat creates the vacuum in the cup.

## **Concerning Electric Stimulation (Estim)**

Electric Stimulation requires the use of an estim machine that is powered by one 9Volt battery. Small clips attach wires of opposing polarity to acupuncture needles that are in place in the patient's skin. Slowly and deliberately the power is turned on and the patient will sense a slight tingling, tapping or feel nothing at all.

## **Concerning Bleeding**

In certain cases bleeding of certain acupuncture points will benefit the patient. The practitioner will use a new, sterile lancet to prick the point. A few drops of blood will be squeezed out and wiped clean. Occasionally this method will be combined with cupping. The point will be pricked and the cup will be applied over the point to aid in the removal of the blood. This process has the risk of bruising. Every effort will be made to stop the bleeding of the point after a few drops of blood have been obtained.

I the undersigned have read the additional disclosure statement and if any of the above side effects occur the patient indemnifies the practitioner, Rachael Rose, LAc, and does not hold her or Full Circle Wellness responsible for any injury whatsoever.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_