

COLORADO MANDATORY DISCLOSURE STATEMENT

The Acupuncture Lounge
750 East 9th Ave. suite 108, Denver CO 80203
(720) 446- 0178

Welcome to the **Acupuncture Lounge**. Please read the following and sign below after you have had any questions answered and have understood this statement to your satisfaction.

Payment is required at the time of your visit unless prior arrangements have been made.

Fee schedules are as follow:

Initial Visit	\$42.00
Repeat Acupuncture treatment	\$30.00

***There is a \$20.00 fee for No Show or Late Cancellation of less than 24 hours before appointment**

****All expenses for supplements and herbs are in addition to the cost of treatment.**

Any services offered by the employee at the **Acupuncture Lounge** are not intended to substitute for those offered by a licensed medical doctor when needed. Referrals are made for further workup and treatment when appropriate. Patients may seek second opinion from other health care practioners or terminate therapy at any time. The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy.

This office complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning and sterilization of needle stations and the sanitation of acupuncture offices. **Only single-use, disposable, factory-sterilized needles are utilized.** In professional relationships, sexual intimacy is never appropriate and should be reported to the Director of the Registration, Colorado Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. The Address and phone number for the complaints and investigation section is:

1560 Broadway, Suite 1545
Denver, CO 80202
Phone(303) 894-2464

I have read the above statement and I understand it to my satisfaction. I certify that I have had an opportunity to have any and all questions answered about this information, and I freely seek the services offered. I also understand that payment is expected at the time of services.

Print Name _____ **Signature** _____ **Date** _____