



Colorado Mandatory Disclosure Statement

Education, Certification and Experience of Tolley Sink L.Ac.

Tolley earned her Masters of Science in Oriental Medicine in April of 2011 from the Southwest Acupuncture College in Boulder, CO. Her education consists of 3,045 hours with 1,140 hours of clinical practice. Tolley's training and experience includes acupuncture, moxibustion, Oriental bodywork, Chinese herbology, nutrition, lifestyle recommendations, cupping, and auricular therapy. She has additional training in injection therapy and level I Reiki. Tolley is a member of the Acupuncture Association of Colorado and the American Association of Acupuncture and Oriental Medicine. She is nationally certified as a Diplomat of Acupuncture and Oriental Medicine, and as a Diplomat of Chinese Herbology by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) as of May 2011. Tolley is a Licensed Acupuncturist in the state of Colorado. None of her licenses or certifications have ever been suspended or revoked, nor has she been subject to any disciplinary action in any jurisdiction.

This clinic complies with the rules and regulations promulgated by the Colorado Department of Health including the proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized.

Fee Schedule:

First visit: **\$110**

Follow up treatments: **\$80**

First herbal consult: **\$45**

Follow up herbal consult: **\$20**

Patient Rights:

Patients are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion and 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 Department of Regulatory Agencies. Any questions, comments, or complaints may be directed to the Director of the Division of Registrations in the Department of Regulatory Agencies at the Acupuncture Licensure Office, 1560 Broadway, Suite 1350, Denver, CO 80202. Telephone: 303-894-7800

I have read and understand this document.

Patient or Guardian's Signature

Date



Consent to Treatment Form

By signing below, I do hereby voluntarily consent to be treated with acupuncture and/or substances from the Oriental Materia Medica by a licensed acupuncturist at Live Well Acupuncture. I understand that acupuncturists practicing in the state of Colorado are not primary care providers and that regular primary care by a licensed physician is an important choice.

Acupuncture/Moxibustion:

I understand that acupuncture is performed by the insertion of needles through the skin or by the application of heat to the skin (or both) at certain points on or near the surface of the body in an attempt to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I am aware that certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop acupuncture treatment at any time.

Indirect/Direct Moxibustion:

I understand that if I receive moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

Cupping:

I understand that if I receive cupping as part of therapy, there is a risk of bruising from its use. I understand that I may refuse this therapy.

Chinese Herbs:

I understand that substances from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them. I am aware that certain adverse side effect may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, and the possible aggravation of symptoms existing prior to herbal treatment. Should I experience any problems, which I associate with these substances, I should suspend taking them and call the Live Well Acupuncture Clinic as soon as possible.

Acupressure/Tui-Na Massage:

I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body's physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

I understand that there may be other treatment alternatives, including treatment offered by a licensed physician.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my permission and consent to treatment.

Signature: _____ **Date:** _____
(Signature of parent or guardian if patient is a minor)

Printed Name: _____ **DOB:** _____