

DISCLOSURE FORM

Rachel Hendricks Blunk, L Ac, Inc  
2601 S. Lemay Ave #25  
Fort Collins, CO 80525 (970) 223-4422

**Our usual and customary fees are:**

Initial Acupuncture Treatment (includes exam)           \$120  
Subsequent Acupuncture Treatment (includes exam)   \$65

**Education, Experience, Degrees, Certificates and Credentials**

University of California, Berkeley BA in Integrative Biology	1988-1992
Pacific College of Oriental Medicine, San Diego, CA Masters of Traditional Oriental Medicine (MTOM)	1994-1998
USCC for TCM Special Study at Shandong University of Traditional Chinese Medicine, Jinan, China	1999
Continuing education with Dr. Randine Lewis in infertility	2004
Continuing education with Jane Lyttleton in infertility	2007
<b>Licenses, Certificates, and Registrations in Acupuncture and Herbology</b>	
Council of Colleges of Acupuncture and Oriental Medicine Clean Needle Technique Course	January 1998
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Diplomate in Acupuncture (Dipl Ac)	June 1998
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Diplomate in Chinese Herbology (Dipl CH)	June 1998
Licensed Acupuncturist in the State of California (LAc)	June 1999- May 2011
Certificate of Completion of Study in Acupuncture, Tui Na, and Herbology at Shandong University of Traditional Chinese Medicine, Jinan, China	June 1999
Licensed Acupuncturist in the State of Colorado (LAc)	July 1999
Fellow, American Board of Oriental Reproductive Medicine	April 2009

This office complies with all rules and regulations promulgated by the Colorado Department of Health

related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. This office uses only single-use disposable needles, and disposes of them in a manner consistent with OSHA and Colorado State regulations.

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies.  
Bruce M. Douglas, Director of the Division of Registrations  
1560 Broadway, Suite 1545, Denver, CO 80202 (303) 894-2464

Each patient who visits this office is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

Occasionally a patient may experience mild bruising at the site of needle insertion, which heals quickly. Please tell Rachel if you have any conditions which may inhibit blood clotting, such as hemophilia, daily aspirin use, or daily coumadin use.

Each patient may seek a second opinion from another health care 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 Registrations in the Department of Regulatory Agencies.

24 hours notice is required for cancellation of a scheduled appointment, or the patient will be billed for the missed appointment.

I hereby give permission to the acupuncturist to release any information requested by my insurance company, physicians or other health care providers acquired in the course of my examination and treatment. I hereby authorize and direct my insurance benefits to be paid directly to the acupuncturist. I am financially responsible for non-covered services. I hereby give permission to the acupuncturist to administer treatment and perform such general procedures as she may deem necessary in the diagnosis and/or treatment of my condition. I have read and understand and agree to the above disclosure statement. I understand my rights and responsibilities as a patient:

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature (if patient is a minor)

\_\_\_\_\_  
Date