COLORADO MANDATORY DISCLOSURE/CONSENT TO TREAT

Eileen Teller, DiplAc., L.Ac.,
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Boulder, CO 80304
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Education, Certification and Experience:

Eileen Teller received her B.A. in Anthropology from Fort Lewis College, Durango CO in 2004. She then earned her Master of Science in Acupuncture degree from Institute of Taoist Education and Acupuncture, Louisville, CO in 2016. This four-year program consists of 3,000 hours of education including over 800 hours of clinical practice. She was certified as a Diplomate of Acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in 2019. This includes certification in Clean Needle Technique and CPR. Eileen uses sterilized disposable needles at all times. She is a Licensed Acupuncturist in the State of Colorado. She has never had a license, certificate, or registration suspended or revoked. Eileen is trained and experienced in the recommendation and application of Adjunctive Therapies such as Moxibustion, Auriculotherapy, Acupressure, Zero Balancing Technique, Cupping, and Dietary and Lifestyle Recommendations.

Clinic Fee Schedule (payment is due at time of service):

Starter Treatment Package (4.5-5 hours-must be used within 12 weeks of purchase) $380
Intake Consultation (1.5-2 hours) $135
Established Patient Treatment (1 hour) $90
Tune Up Treatment (30 minutes-for established clients only) $45
Moxa and Acupressure Treatment (30 minutes-not for those with heart conditions) $30
Established Patient Home Visit Treatment (1 hour) $100

****24 hour notice required for rescheduling or cancellation of an appointment. Failure to give 24 hour notice will result in a full charge for the missed appointment.****

Patient's 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 from another health care professional and may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported immediately to the Director of the Division of Registrations in the Department of Regulatory Agencies.

I hereby request and consent to the performance of Acupuncture Treatments and other procedures within the scope of the practice of Acupuncture on me (or on the patient named below, for whom I am legally responsible) by Eileen Teller DiplAc., L.Ac., or other Licensed Acupuncturists who now or in the future treat me while employed by Legendary Medicine LLC, working or associated with or serving as a backup Acupuncturist for Eileen Teller DiplAc., L.Ac.

I, the undersigned, understand that methods of treatment used in this practice may include, but are not limited to, Acupuncture, Acupressure, Auriculotherapy, Moxibustion, Zero Balancing Technique, Nutritional and Lifestyle Counseling.

I understand that Acupuncture, Acupressure, Auriculotherapy, Zero Balancing Technique, Moxibustion, Cupping, Nutritional and Lifestyle Counseling are all safe methods of treatment. Potential risks include temporary bruising, swelling, bleeding, numbness and tingling, and soreness at the needling site that may last a few days. Unusual risks of Acupuncture include dizziness, fainting, organ puncture including lung puncture or nerve damage. Infection is possible, although the clinic uses alcohol and sterile disposable needles and maintains a safe and clean environment. Potential risks of Moxibustion health therapy are burns, blistering, or scarring.

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

I will notify the Acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points that could induce miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

I understand that my Acupuncturist may review my medical records and lab reports, but all my records will be kept confidential. If it becomes necessary to share my health information, this will be handled in accordance with the stipulations detailed in the Notice of Privacy Practices document that has been provided to me, and of which I have acknowledged receipt.

I recognize that scheduling an appointment involves the reservation of time, and that consequently, a minimum of 24 hours' notice is required to reschedule or cancel an appointment. The full fee will be charged for appointments missed without such advance notification.

In signing this form, I acknowledge any inherent risks, and give my consent for treatment, payment and healthcare operations received, incurred, or carried out at this practice.

This clinic complies with all rules and regulations promulgated by the Colorado Department of Public Health, including the proper cleaning and sterilization of needles and the sanitation of the acupuncture office. The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. Any complaints should be directed to:

Division of Professions and Occupations
Office of Licensing -Acupuncturist
1560 Broadway, Suite 1350
Denver, CO, 80202
Telephone: 303.894.7800 dora_acupunctureboard@state.co.us

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SIGNATURE OF PATIENT DATE

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Legally Responsible Adult