



Health Center of Integrated Therapies

A SERVICE OF LONGMONT UNITED HOSPITAL

1551 Professional Lane, Suite 125 Longmont, CO 80501
Phone (303)651-5188 Fax (720) 494-4741

ACUPUNCTURE CONSENT

Patient Name: _____ Date of Birth: _____

I, _____, being _____ years of age and residing at

_____, do hereby voluntarily consent to be treated by acupuncture administered at Health Center of Integrated Therapies – a service of Longmont United Hospital, by a Licensed Acupuncturist in the state of Colorado. (See list below.)

I understand that acupuncture is performed by the insertion of needles through the skin, or by application of heat to the skin, or by both, at certain points on or near the surface of the body in an attempt to treat bodily dysfunctions or diseases, to modify or prevent the perception of pain, and to make normal the body's physiological functions. The procedure has been fully explained to me.

I have been made aware that certain adverse side effects may result. These could include, but are not limited to, some local bruising, bleeding, fainting, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment.

Acupuncture needles have been reclassified by the FDA to "class II medical devices" which are sanctioned medical tools (such as scalpels and syringes). 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.

Note to Ear Seed Acupuncture Patients: After ear seeds are placed, please use caution when wiping the ears to avoid moving the seed(s) into the ear canal. After 4-5 days or when the seed's adhesive tape loosens, please carefully remove the adhesive tape and seed from your ear with your fingertips.

If you have any complaints regarding the treatments you receive or wish to report any inappropriate behavior by an Acupuncturist, you may contact the Director of the Health Center of Integrated Therapies, Longmont Medical Campus, Longmont United Hospital, at (303) 651-5188, address at 1551 Professional Lane, Suite 125, Longmont, CO 80501. If you have any complaints regarding the treatments you are receiving or wish to report any inappropriate behavior by your Acupuncture Practitioner, you may also contact the Department of Regulatory Agencies at (303) 894-7690. Their address is: Office of Acupuncturists Registration 1560 Broadway Suite 1300 Denver, CO 80202.

I have carefully read, understand all of the foregoing, and therefore I am fully aware of what I am signing.

(Patient, parent or guardian)

(Date)

Michelle Bowman, BSN, RN Dipl. Ac.
Jane Crawford, MS, Dipl. Ac.
Jin Ma, RN, Dipl. Ac. MS.
Mary Ellen Metke, M.Ac, Dipl. Ac.
Rebecca Stevens, Dipl. Ac.
Linda Whitedove, Dipl. Ac.

NCCAOM Cert. #019002
NCCAOM Cert. #951-1215-765
NCCAOM Cert. #016201
NCCAOM Cert. #931-0913-053
NCCAOM Cert. #021947
NCCAOM Cert. #024104-01

CO Reg. #756
CO Reg. #355
CO Reg. #727
CO Reg. #157
CO Reg. #1034
CO Reg. #969