

COLORADO MANDATORY DISCLOSURE STATEMENT



1140 US Hwy 287 #100
Broomfield, CO. 80020
Ph: 303-469-0353

EDUCATION AND LICENSURE:

Stephanie Somes has completed three years of study at the Colorado School of Traditional Chinese Medicine. She has passed the Acupuncture National Board Examinations given by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). She has also satisfied all the requirements and successfully passed the Clean Needle Technique Course given by the Council of Colleges of Acupuncture and Oriental Medicine. She is also a member of the Acupuncture Association of Colorado.

Stephanie Somes is licensed to practice Acupuncture and Physical Therapy in the state of Colorado. She has studied Chinese Herbal Medicine at the Colorado School of Traditional Chinese Medicine. The Master of Science in TCM degree is a three year, 2800 hour training in Chinese Acupuncture and Herbal Medicine. She has 15 years experience as a Physical Therapist. No License or registration for Stephanie Somes has ever been revoked.

FEE SCHEDULE:

Initial Visit (history, evaluation and acupuncture <u>or</u> herbal formulation).....	\$90.00
Acupuncture.....	\$60.00
Herbal Consultation	\$45.00
Off site Acupuncture Treatment.....	\$150.00

**Center for Integrated Eastern Medicine complies with the rules and regulations set forth by the Department of Public Health and Environment. There is a strict adherence to the proper cleaning and sterilization of needles used in this practice and proper sanitation. Disposable, single use, needles will be used with each client.

**The practice of acupuncture is regulated by the Department of Regulatory Agencies. For questions contact the Director of Registrations Acupuncture Licensure at 1560 Broadway, Suite 1350 Denver, Colorado 80202. The phone number is (303)894-7800.

**In a professional relationship, sexual intimacy is never appropriate. Any improper behavior should be reported to the Director of Registrations mentioned above.

**Every client is entitled to receive information about the methods of acupuncture, the technique used and the duration of the treatment, if known. Questions are encouraged and welcome.

**Clients are encouraged to seek a second opinion from another healthcare professional at any time. Clients and Stephanie Somes may terminate treatment at any time, for any reason.

I, _____ ("patient"), hereby consent to treatment encompassing evaluation, acupuncture and/or herbal treatment, education on diet and lifestyle as well as education in hands-on techniques. I reserve the right to question the purpose of care, reasonable alternative forms of treatment, and risks of the recommended care. I recognize that no guarantees have been or can be made regarding the likelihood of success or outcomes of treatment. By signing below, I am requesting and consenting to treatment utilizing Traditional Oriental Medicine principles and techniques, to be performed by a licensed professional.

Signature of Patient _____ Date _____