COLORADO MANDATORY DISCLOSURE STATEMENT
&
INFORMED CONSENT

Dr. Elif Kuzu is a licensed and board-certified Doctor of Acupuncture and Oriental Medicine in the state of Colorado. She has completed a national certification with the NCCAOM to obtain this title after fulfilling the required 4,500 hours of education, over 2,650 hours of clinical observation and practice from Southwest Acupuncture College in Boulder and Yo San University of TCM in Los Angeles where she obtained her Doctorate in Chinese medicine and a specialty in reproductive health. She is a member of the Acupuncture Association of Colorado (AAC) and the American Association of Acupuncture and Oriental Medicine (AAAOM). She has completed overseas education at the Hei Long Jiang University of Medicine, Harbin, China and acquired the requisite Clean Needle Technique training with the NCCAOM. None of these licenses, certificates, or registrations has ever been suspended or revoked.

Dr. Kuzu's training includes adjunctive therapies such as moxibustion, tui na, shiatsu, qi gong, tai chi, acupressure, electro-stimulation, cupping, auriculotherapy, injection therapy and Chinese dietary and lifestyle recommendations.

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

Intake Consultation and Treatment: $150/hr + any extra products or services such as herbs
Follow-up Treatment: $95/hr + any additional services and products
House calls starting at: $175/hr + any additional services and products
Injection Therapy: $35 per ampoule + any additional services
Hospital Visits $120 per hour
This document also serves for any liens pertaining to any cases including personal injury cases.
Patient is fully responsible for any unpaid balance.
***ALL PAYMENTS FOR SERVICE RENDERED ARE DUE AT THE TIME OF TREATMENT**

Cancellation Policy and Treatment Package Agreement

Boulder Body Balance Acupuncture Clinic, LLC requests patients to give a 24-hour notice if they are unable to keep an appointment otherwise the patient will be charged full price for the missed appointment. I understand that if I arrive more than fifteen minutes late for a scheduled appointment or do not give twenty-four hours' notice of a missed appointment that the amount of the entire treatment may be deducted from my prepaid acupuncture package or I may be charged for the entire amount of the missed appointment. I consent Boulder Body Balance Acupuncture Clinic, LLC to take payment for and to track the number of visits used for my prepaid acupuncture treatment package. I understand that acupuncture treatment packages are non-transferrable, non-refundable*, and expire one year from the date of purchase. This policy is designed for the benefit of both patients and practitioners so that appointments are available to those in need of treatment. I also understand any liens provided by the practitioner/company for the patient pertaining to cases or personal injury cases are fully responsible for the full amount of any unpaid balance. There will be a 5% added fee for unpaid bills after the first year.

I have read and I understand the above information:

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Patient's or Guardian's Name Printed **Date**

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Patient's or Guardian's Signature **Date**

***In the rare circumstance that a refund is given for a partially used treatment package the regular treatment price (not the discounted package treatment price) is deducted from the total amount paid for the package for each treatment used.**

Patient's Rights

Boulder Body Balance Acupuncture Clinic, LLC complies with all rules and regulations promulgated by the Colorado Department of Public Health and Environment, including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices. The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies, which may be contacted at the following address and telephone number:

Director, Division of Registrations, Acupuncturists Licensure
1560 Broadway, Suite 1350, Denver, Colorado, 80202
Telephone: (303) 894-7800

The following patient's rights are always observed at Boulder Body Balance Acupuncture Clinic, LLC:

- The patient is entitled to receive information about the method of therapy, the techniques used and the duration of therapy, if known.
- The patient may seek a second opinion from any other 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.

Privacy Policy

Boulder Body Balance Acupuncture Clinic, LLC, will maintain the confidentiality of all patient information. No patient information will be disclosed to any third party without the express written authorization of the patient. I do hereby voluntarily consent to be treated with acupuncture, Chinese medicinal herbs and Oriental medicine by a licensed acupuncturist at Acupuncture Associates. 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 that is strongly recommended.

Acupuncture/Moxibustion/TDP lamp:
I understand that acupuncture is performed by the insertion of sterile single use needles through the skin or by the application of heat to the skin 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. Acupuncture and Moxibustion/TDP lamp are typically safe methods of treatment, however certain adverse side effects may result. These could include, but are not limited to: local bruising, minor bleeding, dizziness, 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.

Pregnancy:
I will notify the Acupuncture Associates should I become pregnant or if I am in the process of trying to become pregnant so that my practitioner can avoid points and herbs that could induce

miscarriage. Otherwise, Chinese medicine treatment can be very beneficial in the pregnancy and birthing process.

Acupressure/Tui-Na/Shiatsu Massage, Qi Gong/Tai Chi:
I understand that I may also be given acupressure/tui-na/shiatsu massage and/or Qi Gong/Tai chi 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.

Chinese Herbs:
I understand that Chinese medicinal herbs 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 effects may result from taking these substances. These could include, but are not limited to: changes in bowel movement, abdominal pain or discomfort, nausea &vomiting, 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 Acupuncture Associates as soon as possible.

Cupping / Gua Sha:
I understand that I may also be given cupping (the application of glass cups with vacuum to the skin) and Gua Sha (rubbing of the skin with a smooth object such as a porcelain spoon) as part of my treatment to modify or prevent pain perceptions and to normalize the body's physiological functions. I am aware that these treatments are intended to cause minor bruising and through unsightly are not normally painful. However, 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 refuse the treatment or stop the treatment at any time for any reason I do not expect Acupuncture Associates to be able to anticipate and explain all possible risks and complications of treatment. 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 of anything regarding my treatment. I understand that my records will be kept confidential and will not be released without my written consent (unless in an emergency or by legal demand). I give my permission and consent to treatment.

I have read and I understand the above information. By signing this form I am giving my permission and consent to treatment:

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Patient's or Guardian's Signature **Date**

Informed Consent Form for Injections

Whenever a needle is introduced through the skin, inherent risks are present. Although the risks are small, the expected benefit from the procedure must outweigh the possible risks. Make sure that you have a thorough understanding of the expected benefit from the injection. The risks of injection depend on where the injection is made and what is being injected. If the injection is made in a large muscle, the risk of hitting vital structures is very small or nonexistent. Injections made in the area of neurovascular bundles (where nerves, veins, and arteries travel together) have a higher risk of injury, and injections in the area of the lung organs have a higher risk of injuring them. Allergic reaction to injected substance: Allergic reactions to homeopathic substances have not been reported, and, in fact, they are used to treat allergic conditions. However, the possibility still exists with any type of injection. ***B12 Injections should not be used if: you have allergy to B12, Lebers disease, megloblastic anemia, or history of blood clots. If you have any of these conditions please let you practitioner know.**

The **LIPO-VITE injection** contains Thiamine(B1), Riboflavin(B2), Niacinaimde(B3), Dexpanthenol(B5), Pyridixone(B6), Hyroxycobalamin(B12), Vitamin C, Methionine, L-Carnitine, Inositol, and Choline. **Sensitivity to any of these and/or cobalt, lidocaine, benzyl alcohol or sulfur is a contraindication. *RISK & POSSIBLE EFFECTS- Risk of allergic reaction, tenderness at injection site, infection at injection site as with all injections. We do not recommend anyone under 18 years of age, or anyone with Leber's Disease (hereditary optic neuropathy), and/or Chronic Kidney or Liver Disease receive a LIPO-VITE injection unless a doctor's note has been provided. ***The only patients who would be unable to take LipoVite injections are those that have an allergy to Sulphur. This is because methionine is an enzyme that contains Sulphur. If this is the case, there are other injections you can take for weight loss that do contain essential enzymes and vitamins that do not contain any Sulphur.**

I hereby request and consent to injection therapy on my body, in order to enhance the effect of stimulating an acupuncture point. I understand that I will only be injected with substances that fall within the scope of practice of Licensed Acupuncturists in Colorado. I understand the risks involved. I do not expect my practitioner to be able to anticipate all risks and complications.

By signing this form, I agree to accept all risks and release all liabilities Dr. Elif Kuzu, DAOM & Boulder Body Balance Acupuncture Clinic LLC.

I have also read and understand and accept the mandatory disclosure information:

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Patient's or Guardian's Signature **Date**