

COLORADO MANDATORY DISCLOSURE STATEMENT

Erin Pass, L.Ac., Dipl. C.H. (NCCAOM).

Cell: 720-271-5515, Office 303-665-5515

Monica Edlauer, RN, L.Ac.

Cell: 303-859-7556

Dr. Elif Kuzu, MSOM, L.Ac., DAOM

Cell: 432-934-3615, Office: 720-509-9588

Boulder Community Health (BCH) Allied Health Services and BCH Rehabilitation

4747 Arapahoe Avenue, Boulder, CO 80303 (primary location, see website for other locations)

Education and Experience:

Erin Pass holds a Master of Science, Oriental Medicine degree (MSOM) from Southwest Acupuncture College (SWAC), obtained in July 2002. This three-year program consists of 2,823 hours of education including 1262.5 hours of clinical practice. In August 2002, she certified as a Diplomate in Acupuncture and Traditional Chinese Medicine granted by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). This includes certifications in Clean Needle Technique and Chinese Herbology. Erin's license number is 839. Her license has been held through the Department of Regulatory Agencies since July 2002. None of her licenses, certificates, or registrations have ever been suspended or revoked. Erin's training includes adjunctive therapies such as moxibustion, tuina, acupressure, cupping, and auriculotherapy as well as dietary and lifestyle recommendations. Erin is a member of the Acupuncture Association of Colorado (AAC) and the American Acupuncture Council. CO License 839.

Monica Edlauer earned her Bachelor's Degree in Early Childhood Education and Contemplative Psychology, with a minor in Traditional Eastern Arts from Naropa University in May 2000. She then earned her Master of Acupuncture and Oriental Medicine degree from SWAC in August 2007. This four-year program consists of 3000 hours of education, including over 1000 hours of clinical practice. Monica is certified as a Diplomate of Acupuncture by the NCCAOM. This includes certification in Clean Needle Technique and Injection Therapy. None of these licenses, certificates, or registrations has ever been suspended or revoked. Monica's training includes adjunctive therapies such as moxabustion, electrostimulation, tui na, shiatsu, auriculotherapy, cupping, injection therapy, herbal medicine, and dietary and lifestyle recommendations. She is also is certified as a Jin Shin Tara advanced practitioner. Monica is a member of the AAC. CO License 1467. Additionally, Monica is currently certified as a Registered Nurse in the state of CO and has her BSN.

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 and fulfilled the required 4,500 hours of education, with over 2,650 hours of clinical observation and practice from SWAC and Yo San University of TCM in Los Angeles, CA where she obtained her Doctorate in reproductive health. She is a member of the 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. Elif's training includes adjunctive therapies such as moxibustion, tui na, shiatsu, qi gong, tai chi, acupressure, cupping, auriculotherapy, injection therapy and Chinese dietary and lifestyle recommendations. All our practitioners comply 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. CO License 1750.

Fee Schedule: (subject to review each January and July)

Price per hospital visit is \$120/treatment due at the time of treatment.

Herbal prescriptions, patents, and some other products must be paid for at the end of each visit. They are not included in the above listed price and are separate from insurance billing.

This disclosure is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statue Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of the equipment and the office.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the Division of Registrations in the Department of Regulatory Agencies: 1560 Broadway, Suite 1545. Denver, CO 80202. Phone 303-894-2464.

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 and 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.

I have carefully read and understand the above, and agree to the terms of this Client Disclosure Form.

Signature: _____ Date: _____

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Consent for Treatment

Name _____ Phone (C) _____ (W) _____

Street _____ Sex ___ Age _____ Height _____ Weight _____

City _____ State _____ Zip Code _____

Birthdate _____ Occupation: _____

Employer's Name and Address _____ E-mail: _____

Marital Status _____ Number of Children _____ Referred by: _____

Personal Physician _____ Date of Last Physical _____

In an emergency contact: _____ Phone: _____

I, the undersigned, am an adult over the age of 18, hereby consent to receive acupuncture treatment from one of the following BCH Allied Health Services acupuncturists: Erin Pass, L.Ac., Dipl. C.H., Monica Edlauer, MSOM, L.Ac., Dipl. O.M., and Dr. Elif Kuzu, MSOM, L.Ac., DAOM.

I am fully aware that the acupuncture needles are sterile and disposable and that no needle used has ever been used on another person.

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

I understand that complications may result from acupuncture treatments. Among these possible complications are: areas of anesthesia, fainting, weakness, nausea, hematoma, bruising, infection, burns, pain and discomfort, pneumothorax, and aggravation of present symptoms.

I understand that acupuncture and Chinese medicine is not a substitute for standard Western medicine, and that certain health disorders may require allopathic diagnosis and treatment. I am free to seek allopathic medical advice and treatment at any time, either in lieu of or concurrently with Traditional Chinese Medicine.

I fully realize that I may withdraw from my treatment at any time.

I understand and agree to hold harmless, to indemnify and protect against court action the individual therapist as well as the management of this clinic, in the event of accidental injury on these premises.

Signature _____ Date _____

Parent or Guardian:

I, the parent or guardian of the above named minor, hereby consent to all the above terms and conditions implied in the above document and hereby give permission for my minor child to undergo acupuncture treatments for the purposes and considerations above expressed.

Parent/Guardian/Medical Power of Attorney Signature _____

Date _____

