

COLORADO MANDATORY DISCLOSURE STATEMENT AND INFORMED CONSENT

*Windstone Acupuncture LLC • Stephanie Trzaska, L.Ac. • 303.362.0596
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This disclosure statement is in compliance with the State of Colorado Department of Regulatory Agencies, Colorado Statute Title 12 Article 29.5. This clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including the proper cleaning and sterilization of supplies and proper disposal of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are utilized. The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have any comments, questions, or complaints, contact the Acupuncturists Registration Office, 1560 Broadway, Suite 1350, Denver, CO 80202. Tel: 303.894.2440. 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 healthcare 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.

Fee Schedule (due at time of service):

Acupuncture Sliding Scale: \$30-\$50

Initial consultation additional fee: \$10

Education and Experience

Stephanie Trzaska earned her Doctorate of Acupuncture and Chinese Medicine from Pacific College of Oriental Medicine, San Diego, in 2016. She had previously earned a Master of Science in Traditional Oriental Medicine degree from Pacific College of Oriental Medicine, NY, in 2005. This four-year program consists of 3500 hours of education including 1000 hours of clinical practice. She was certified as a Diplomat in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in 2006. This includes certification in Clean Needle Technique, Acupuncture, and Chinese Herbology. Stephanie’s training includes adjunctive therapies such as moxibustion, acupressure, cupping, aromatherapy, gua sha, auriculo-therapy, and dietary and lifestyle recommendations. Stephanie is a registered licensed acupuncturist in the state of Colorado (lic#1732) and a licensed acupuncturist in New York (lic # 003222). Neither of these has ever been suspended or revoked.

Informed Consent

I hereby request and consent to the performance of acupuncture procedures by Stephanie Trzaska. I understand that acupuncture is a safe method of treatment but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at site of procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the acupuncturist.

I have discussed the nature and purpose of my treatment with the acupuncturist. I understand that there are no guarantees regarding cure or improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest I may be referred to another acupuncture practitioner or other healthcare provided who may be more qualified to treat me outside these facilities. I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications, and I permit the acupuncturist to determine and/or alter the course of treatment which she judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time.

I have read or have had read to me the above consent. By signing below I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future conditions for which I seek treatment.

Patient or Guardian’s Signature

Print patient name

Date