



# Colorado Mandatory Disclosure Statement and Consent for Acupuncture Treatment

**About your Acupuncturist:**

Kyle Barton earned his Master of Acupuncture and Oriental Medicine degree from the Texas Health & Science University in April 2008. This Masters degree program consisted of 4,050 hours of education including 720 hours of clinical internship. He was certified as a Diplomat in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in July 2010. This included earning a certification in Clean Needle Technique. After graduation, Kyle practiced acupuncture in Texas until 2013 when he moved to Colorado Springs.

Kyle's training includes adjunctive therapies such as herbal medicine, moxibustion, Tui Na, acupressure, cupping, auriculotherapy, and dietary and lifestyle recommendations.

Kyle is a licensed acupuncturist in Colorado and this license has never been suspended or revoked. This clinic complies with the rules and regulations promulgated by the Colorado Department of Public Health and Environment, including the proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are used.

**Services and Fees:**

Initial Intake Consultation and Treatment: \$70.00 +cost of herbs

Follow-Up Treatment: \$50.00 +cost of herbs

**Patient's Rights:**

The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.

The patient 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 Professions and Occupations in the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, you may contact the Division of Professions and Occupations' Office of Acupuncture Licensure:

1560 Broadway, Suite 1350  
Denver, CO 80202  
303-894-7800  
dora\_acupunctureboard@state.co.us

I have read the preceding information and I understand my rights as a client or as the client's responsible party.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(in case of a minor)

