

Department of Regulatory Agencies Disclosure

Sacred Elements LLC
Nicole "Nikki" Minges, L.Ac., RMT
303-507-8021

5921 S Middlefield Rd, Suite 100
Littleton, CO 80123

Fee Schedule

90 Minute Acupuncture

Flexible Rate: \$60.00-90.00*

* The cost for each appointment is within a range, rather than a set price. At each appointment I will ask you which amount best suits your needs. **Any payment between \$60.00-\$90.00 is acceptable and appreciated.**

In deciding what you should pay I recommend that you consider, the length/frequency of treatment, your personal financial/life situations and the value of the treatment you are receiving. You may choose to pay the same amount or a different amount each time.

Education and Experience

Nikki Minges (Schmeling) earned a Master's of Science in Traditional Chinese Medicine (TCM) from the Colorado School of Traditional Chinese Medicine in December 2007. She attended CSTCM from 2003 until 2007. In this period she completed 2,850 hours of education, including over 1000 hours of clinical practice. She is certified as a Diplomat of Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in 2/2008. This includes certification in Clean Needle Technique, Acupuncture and Chinese Herbal Medicine. In addition to her training in TCM she has completed 500 hours of training in 5 element acupuncture with Judi Terrill, L.Ac

Nikki's Traditional Chinese Medicine training includes adjunctive therapies such as the use of Chinese herbal medicine, moxibustion, tui na, acupuncture, cupping, auriculotherapy and dietary and lifestyle recommendations.

Compliance and Licensing

Nikki is a Licensed Acupuncturist in the State of Colorado. None of her licenses, certificates or registrations has ever been suspended or revoked.

The clinic complies with the rules and regulation promulgated by the Colorado Department of Health, including the proper use and disposal acupuncture needles and the sanitation of acupuncture offices. Only single use, disposable factory-sterilized needles are utilized.

Patients Rights

- The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of the 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 Registrations in the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies, Director Division of Registrations, Acupuncturists Licensure, 1560 Broadway, Suite 1350, Denver, CO 80202, Phone 303-894-7800.

Please sign the Disclosures page.

INFORMED CONSENT FOR ACUPUNCTURE TREATMENT AND CARE

Sacred Elements, Nikki Minges, L.Ac., Dipl.OM, RMT

5921 S Middlefield Rd Suite 100, Littleton, CO 80123, 303-507-8021

I hereby request and consent to the performance of acupuncture treatments and other complementary medicine procedures including various modes of physio-therapy on me (or on the patient named below, for whom I am legally responsible) by the above named licensed acupuncturist and/or other licensed acupuncturist who now or in the future treats me while employed by, working or associated with or serving as a back-up for the treating acupuncturist named above, including those working at this office or clinic.

I understand that methods or treatment may include, but are not limited to, acupuncture, massage therapy, moxibustion, cupping, gua sha, electrical stimulation, Chinese or Western herbal medicine, lifestyle advice and nutritional counseling. I understand that I have the right to have these procedures explained to me prior to receiving them.

I have had the opportunity to discuss with the acupuncturist named above and/or with other office or clinic personnel the nature and purpose of acupuncture treatments and other procedures. Acupuncture attempts to normalize physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that last a few days. There have been rare instances reported of fainting, infection and scarring. There have been extremely rare instances reported of spontaneous miscarriage and pneumothorax (punctured lung). I understand that it is my responsibility to inform the acupuncturist if I am pregnant prior to treatment. There may be some bruising after needling, cupping or gua sha.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy. If I experience any gastrointestinal upset or allergic reactions to the herbs, I will inform the acupuncturist.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications. I wish to rely on the acupuncturist to exercise judgment during the course of the procedure, which the acupuncturist feels at the time, based upon the facts then known, is in my best interests. I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

I understand that acupuncture and herbal treatments are not designed to replace western medical consultation and treatment. It is still my responsibility to have regular physical examinations and recommended screenings. I understand that although Traditional Chinese Medicine is not intended to diagnose, treat, cure, or prevent any western medical diseases, the treatments may affect my other medications and treatments. It is my responsibility to consult my physician before beginning new nutritional or exercise regimens. If at any time I feel that I would like to decrease or discontinue any of my medications I will not do this without first consulting my physician.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content.

By signing below, I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Please sign the disclosure page.

Sacred Elements LLC
Nikki Minges, L.Ac., MSCTCM, Dipl. OM, RMT
5921 S Middlefield Rd Suite 100
Littleton CO, 80123

Notice of HIPAA Privacy Policies

The information provided below illustrates the manner your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important to Nikki Minges, L. Ac.

Legal Responsibilities of Nikki Minges, L.Ac: As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations, we are required to ensure you are aware of privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration and must be followed by our practice. This notice will be in effect until it is replaced.

We reserve the right to modify our privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. We reserve the right to make the modifications effective for all protected health information that we maintain, including protected health information we created or received before the changes were made. Changing the notice will precede all significant modifications. A copy of this notice will be provided upon request.

Protected Health Information Use and Disclosure: Information regarding your health may be used and disclosed for the purpose of treatment, payment, and other healthcare operations. Examples cited below further explain the use and disclosure process.

Treatment: Use and disclosure of your protected health information may be provided to a physician or other healthcare provider providing treatment to you. However, this information will not be provided unless you have authorized it in writing.

Payment: Your protected health information may be used and disclosed to obtain payment for services we provided to you.

Healthcare Processes: We may use and disclose your protected healthcare information in relations with our healthcare process. These processes include an assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performances and evaluating practitioner, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: At any time, you may provide in writing your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization, it will not affect any use or disclosure prior to the revocation.

Your protected healthcare information may be use and disclosed to you, as described in the patient rights section of this notice. In addition, your protected health information may be used and disclosed to a family member, friend, or other person to the extent necessary to assist you with your healthcare, but only with your authorization.

Person Involved In Care: In order to accommodate the notification of your location, your general condition, or death, your protected health information maybe used or disclosed to a family member, your personal representative, or another person responsible for your care. If you are present and wish to object to such disclosures of your protected health information, you may do so. To the extent you are incapacitated or emergency circumstances exist, we will disclose protected health information using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your healthcare. We will use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

Marketing Health-Related Services: The use of your protected health information for the purpose of marketing communications is prohibited without your written authorization.

Required By Law: Your protected health information may be used or disclosed if required by law.

Abuse or Neglect: As required by law, if we have reason to believe that you are the victim of possible abuse, neglect, domestic violence, or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If we have reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety or the health or safety of others we may have to provide the necessary protected health information.

National Security: Under some circumstances, the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected healthcare information disclosure may be made to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

Appointment Reminders: Your protected healthcare information may be used to assist you with appointment reminders in the form of voicemail messages, postcards, or letters. We may also write a thank you card to whomever referred you to our practice.

Access: At all times, you have the right to review your protected health information, with limited exceptions. At your request, we will provide your information in a format other than photocopies. If we are able to do so, we will accommodate your request.

Your request to obtain access to your information must be in writing. You may obtain a Protected Health Information Access Form by using the contact information at the end of this notice. We may need to charge you a reasonable cost-based fee for expenses including copies and staff time. You may also request access for submitting a letter using the information at the bottom of this notice. If you request copies, we will charge you \$0.10 per page for the first 30 pages and \$0.05 for every page after that plus \$10.00 for staff time to locate and copy your protected health information. Postage will be included if you wish to have your information mailed. If you request a different format, we will charge a cost based fee for that format. An explanation of fees can be made available.

Disclosure Accounting: Your rights include the choice to receive a review of every time we or our business associated disclosed your protected health information for reasons other than treatment, payment, healthcare information and certain other activities for the last six years. Additional reasonable cost based fees may be extended if your requests for such information are more than one time per year.

Restrictions: You may request we apply additional restrictions to any disclosure of your healthcare information. We are not required to respond to the application of these additional restrictions. If we agree to follow your request regarding additional restrictions, we will follow the agreed restrictions unless an emergency situation dictates otherwise.

Alternative Communication: Your rights include the instruction to request how you are communicated to regarding your protected health information. Your request must be in writing and can spell out other ways or other locations regarding your protected health information communication. You must identify agreed upon explanations of payment arrangements under alternative communications.

Amendment: You can initiate a written request to amend your protected health information. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where we may reject your request.

Electronic Notice: If you receive a notice electronically, you are entitled to receive the notice in writing as well.

Questions and Complaints

If at any time you are unsure or concerned that your protected health information has not been protected or if you believe an error was made in the decision we made about accessing your protected health information; or in the response to a request you made to amend the use or disclosure of your protected health information; or to have us communicate to you by an alternative means or at an alternative location, you have the right to bring this issue forward. You may make a complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services at your request.

Privacy of your protected health information remains extremely important; we are committed to ensure your privacy. If you file a concern with the U.S. Department of Health and Human Resources, we will not retaliate in any way. We are available to assist you with any questions, concerns, or complaints.

Contact Person's Name: Nikki Minges, L. Ac.

Telephone: 303.507.8021

Address: 5921 S Middlefield Rd Suite 100

City, State, Zip: Littleton, CO 80123

Acknowledgement:

Please sign the Disclosure page.