

Welcome to my office. I am honored to work with you.

Please read the following information.

Feel free to ask any questions that you may have.

Once your questions have been answered to your satisfaction and you feel that you understand this statement and the attached consent form, please sign below.

Molly Harmon McIntyre, L.Ac., RN

3045 15th Street

Boulder, Colorado 80304

Phone: 720-300-6073

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statute, Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. The practice of acupuncture is regulated by the Colorado Department of Regulatory Agencies. Inquiries should be made to:

Director of Registrations, Acupuncturist Licensure, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800.

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.

Clinic Fee Schedule (Due at time of service)

\$150/hour (+ cost of herbs)

Full Moon Clinic price: \$65

*2.75% credit card fee with credit card payment.

Cash, check, Venmo are encouraged.

Cancellation policy:

I ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule. All appointments that are cancelled or rescheduled with less than 24 hours notice and appointments missed without notice will be charged the full regular fee for that appointment.

Practitioner Education, Certification, and Experience

- Masters of Acupuncture and Oriental Medicine degree received from Southwest Acupuncture College in July 2005. This 4 year, 3000 hour program include more than 1000 hours of clinical practice.
- Colorado State Certification and License received in August 2005, as a
- Diplomate of Acupuncture and Traditional Chinese Medicine (this includes Acupuncture and Chinese Herbalism) by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM).
- Acupuncture training at International Training Center, Beijing, China- 2002.
- Pediatric Mentorship with Soma Glick, L.Ac.- 2005.

- Conceptions IVF clinic (Acupuncture applied before and after IVF transfer and leading up to transfer): 2006.
- Pediatric seminar- Integrative Medicine- 2008.
- Toyohari Training- 9 month training in Japanese Non-Insertion Needle Technique- 2006.
- Allergy Elimination Training (NAET)- 2008.
- International BodyTalk Association- Module 1 and 2- September 2010.
- Colorado Acupuncture Volunteer Mobilizer Team/ Acupuncture First Responder for Trauma and Community Response: 2014 (NADA Protocol).
- Integrative Cancer Care and Acupuncture training with Sloan Kettering: 2014.
- Pediatrics Instructor/Clinic Supervisor at Southwest Acupuncture College: 2010-2013.
- Five Element Acupuncture/Plant Spirit Medicine Mentorship with Marlow Brooks L.Ac.: 2013-2016.
- Esoteric Acupuncture with Dr. Mikio Sankey: 2016.
- Autoimmune Training with Michael Gaeta: 2017.
- Applied Kinesiology Training with Dr. Michael Leibowitz: 2018.
- Acupuncture and Trauma: 2018.
- Shamanic study with the Foundation for Shamanic Studies and Sacred Stream, Berkeley, CA: 2013- 2019 (Basic Shamanic training, Dying and Beyond, Extraction, Soul Retrieval)
- Medical Intuitive Certification with the Practical Path- 2021.
- Colorado State Nursing Licensure. BSN (Bachelor's in Nursing) received in 1999 from the University of Portland (Portland, OR).
- Obstetrical Nursing practiced from 1999-2001 at Longmont United Hospital (Longmont, CO) and Boulder Community Hospital (Boulder, CO).
- B.A. in Spanish Literature-1996- University of Iowa (Iowa City, IA).
- Colorado Licensed Acupuncturist - #1136.
- Member of the Acupuncture Association of Colorado.
- No licenses, certificates or registrations have ever been revoked.
- Training and experience in the recommendation and application of adjunctive therapies and herbs as defined by traditional oriental medical concepts (Moxibustion, Cupping, Electric Stimulation and Guasha).

Informed Consent

I hereby request and consent to the performance of acupuncture procedures by my acupuncturist, Molly McIntyre. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including dizziness, discomfort, pain, bruising, or numbness at the site of the procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, and infection. If I suspect that I am pregnant, I will immediately inform the acupuncturist. I understand that my acupuncturist may include other techniques of Oriental medicine, such as Shonishin, Moxibustion, Cupping, Guasha, NAET, Electric Stimulation or Chinese Herbal Formulas and Medicinals. I understand that these techniques will be explained to me before being used. I have discussed the nature and purpose of my treatment with the acupuncturist(s) above. 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 provider who may be more qualified to treat me outside of 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 the acupuncturist 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. I have also had the opportunity to ask questions about its content, and 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 condition(s) for which I seek treatment.

Signature of Patient or Person authorized to consent / Date

Relationship or Authority of Representation/ Phone number

Address: _____ email: _____