



# WATER BY THE RIVER

## ASIAN MEDICINE CLINIC

### **Mandatory Disclosure Statement, Informed Consent, and Cancellation Policy**

Joseph Wollen L.Ac.

Water by the River Asian Medicine Clinic

600 N. Cotner Blvd. Suite 109

Lincoln, NE 68505

Phone: 402 466-3355

Website: [www.lincolnacupunctureclinic.com](http://www.lincolnacupunctureclinic.com)

This disclosure statement is in compliance with the State of Nebraska, Department of Health and Human Services. 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.

#### Education and Experience:

Joseph Wollen completed his Masters of Traditional Chinese Medicine degree from the Colorado School for Traditional Chinese Medicine. The four year program consists of 2,850 hours of education including 990 hours of clinical practice. Joseph's training includes Acupuncture, Internal Medicine, Moxibustion, Tui Na, Cupping, Chinese Nutrition, Auriculotherapy, and Qigong. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certified Joseph as a Diplomat of Oriental Medicine and Acupuncture in April of 2009. Joseph is a Licensed Acupuncturist and is licensed as a Diplomat of Oriental Medicine through the State of Colorado & State of Nebraska. Neither of these licenses have been revoked or suspended. He has also received his Clean Needle Technique certification. Water by the River Asian Medicine Clinic complies with the rules and regulations set forth by the Colorado Department of Health & Department of Health and Human Services, including the use of single-use, disposable, factory-sterilized needles. Also this includes the proper cleaning and sanitation of Water by the River Asian Medicine clinic and proper disposal of used needles.

#### Fee Schedule:

Initial Intake and Treatment (1 <sup>st</sup> time visit)	\$100 + the cost of herbal medicine
Follow-up Treatments	\$85 + the cost of herbal medicine
Qigong Classes/Treatments	\$85 + cost of supplies

Cancelation Policy:

Water by the River Asian Medicine Clinic requests that patients' give 24 hours notice if they are unable to keep an appointment. If a patient provides less than 24 hours notice, half the price of service will be charged to the client for a late cancellation fee.

Informed Consent:

I hereby request and consent to the performance of acupuncture and Traditional Chinese Medicine procedures by Joseph Wollen L.Ac. I have been informed that Acupuncture is a safe method of treatment but that it may have side effects including pain, bruising, and numbness at site of needle, discomfort, and dizziness. Extremely rare risks include nerve damage, organ puncture, and infection. Other side effects and risk may occur. If I suspect I am pregnant I will immediately inform Joseph Wollen L.Ac. I have also been informed that Cupping and Gua Sha Techniques could result in local bruising, Moxibustion's side effects could include small red marks, burning and/or blistering.

I understand that there are no guarantees regarding the improvement of my condition. I understand 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 my condition. I do not expect Joseph Wollen L.Ac. to explain or anticipate all risks or complications. I permit Joseph Wollen L.Ac. to determine and/or alter the course of treatment which is based upon the known facts. I understand that I have the right to accept or reject treatment at any time.

I have read and understand the above consent. Also, I have had the opportunity to ask questions regarding this consent. By signing below, I am agreeing 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.

Patient's Rights:

\*\*\*In a professional relationship, sexual intimacy is never appropriate and should be reported to the Nebraska Department of Health and Human Services Board of Medicine and Surgery.

\*\*\*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 terminate therapy at any time.

\*\*\*A Patient is entitled to their Medical Records, including herbal prescriptions, upon request

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Patient's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Acknowledging the Receipt of HIPPA Policy

\_\_\_\_\_  
Date