Mandatory Disclosure Statement

* The fee schedule for acupuncture treatment at Berkley Acupuncture is $200 for a 75 minute initial treatment and $150 for a one hour follow up treatment.
* **Cancelation and Missed Appointments: Please provide 24 hours notice of cancelation prior to your scheduled appointment. If you miss an appointment or cancel within 24 hours you will be charged $100**.
* Matthew has completed a Master’s of Science Degree from the Colorado School of Traditional Chinese Medicine. This program consists of 2,850 hours including 615 clinical hours and 180 hours of internal medicine clinic.
* Matthew received his license in Colorado 2012. No license, certificate or registration has ever been revoked or suspended.
* Matthew complies with all rules and regulations promulgated by the Michigan Department of Public Health and Environment, including those related to the proper cleaning and sterilization of needles used in the practice of acupuncture and the sanitation of acupuncture offices.
* The practice of acupuncture is regulated by the Michigan Department of Licensing and Regulatory Affairs including the address and phone number. They may be contacted through mail or telephone at: Licensing and Regulatory Affairs P.O. Box 30004 Lansing, MI 48909 517-373-1820  The patient is entitled to receive information about the methods of therapy, techniques used, and the duration of therapy if known.
* The patient has a right to seek a second opinion from another health care professional or terminate therapy at any time.
* In a professional relationship, sexual intimacy is never appropriate and should immediately be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.
* Matthew uses his training in the recommendation and applications adjunctive therapies and herbs as defined by Traditional Chinese Medicine Concepts.

By signing the patient acknowledges that he/she has read and understood the aforementioned disclosures.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* HIPAA Acknowledgement\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I have read and understood the copy of the HIPAA form provided for me to read at the office of Berkley Acupuncture.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_