

Holly Sparks, M.A., M.S.O.M., L.Ac., Dipl. Ac., C.H.
4 Branches Community Acupuncture
7735 E. Broadway Blvd. Tucson, AZ 85710
(520) 609-9899

Welcome! We are pleased you have chosen us to serve your healthcare needs!

FOR YOUR INFORMATION: I am an acupuncturist and herbalist licensed by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). My licenses, certifications, and registrations, none of which have ever been suspended or revoked, include the following: acupuncture licensure in the state of Arizona and Colorado; certification in acupuncture by the NCCAOM; certification in Clean Needle Technique by the Council of Acupuncture and Oriental Medicine; and Respiratory Therapy licensure in the states of Arizona and Colorado. I obtained national registration in Respiratory Therapy (RRT) in 1982 after graduating from Rose College in Midwest City, OK (1975-1977), a Bachelor of Science in Psychology (05/90) from the University of New Mexico (1985-1990), a Master of Arts degree in Health Psychology (05/95) from Northern Arizona University (1991-1995), and a Master of Oriental Medicine degree (12/03) from the International Institute of Chinese Medicine in Albuquerque, New Mexico (2000-2003). My training includes over 1000 hours of clinic time, with specialization in Tan's, N.A.D.A., Community, Facial Rejuvenation, and He's Muscle Channel acupuncture styles. Traditional Oriental Medical concepts define my training and experience in the recommendation and application of adjunctive therapies and herbs. I comply with all rules and regulations promulgated by the Department of Health, including those related to proper cleaning and sterilization of needles used in the practice of acupuncture, and the sanitation of acupuncture offices. We use only disposable single-use sterile needles, which are disposed of in compliance with the OSHA guidelines for biomedical waste.

Treatments are made by appointment and walk-in only. We charge a sliding fee scale of \$25 to \$45 with a \$10 initial visit/paperwork fee. Payment is expected at the time of service unless prior arrangements are made. It is our policy to charge a twenty-five dollar (\$25) fee for checks that are returned for non-sufficient funds. You are responsible for filing your own insurance claims if you desire, but I will be happy to provide you with a super bill or receipt.

The State Board for Acupuncture regulates the practice of acupuncture in Arizona. The Department of Regulatory Agencies regulates the practice of acupuncture in Colorado and Arizona. In our collaborative and professional relationship, **sexual intimacy is NEVER appropriate** and should be immediately reported to the Director of the Division of Registration in the Department of Regulatory Agencies. Please do not hesitate to ask should you have further questions regarding these or any other policies.

THE FOLLOWING IS A SIGNED CONSENT:

I, the undersigned, voluntarily consent to receive acupuncture therapy from 4 Branches Community Acupuncture. I understand that treatment may include the use of acupuncture needles, acupressure, cupping, mineral heat lamps, herbal formula (raw & pill form), psychological advice, Chinese massage (Tui Na), electrical stimulation, diet and nutritional counseling. I understand that the risks of TCM treatment, although limited, could include the following: burns from a mineral heat lamp, bruising, puncturing organs in the abdomen or chest cavities, shock induced by needle stimulation, premature labor in pregnant females, herbal side effects, drug interactions, or allergic reactions. (Some herbs and certain acupuncture points should not be used with pregnant females.) If I have a pacemaker, heart problem(s), metal plates or rods in my body, an infectious disease, am taking herbs or pharmaceuticals, am pregnant or suspect that I might be pregnant, I agree to inform my practitioner before beginning treatment. I understand that slight bruising from cupping or needles is a normal side effect, and that the herbal treatment must be taken as prescribed by my practitioner. I fully understand that there is no stated or implied guarantee of success or effectiveness after a specific treatment or series of treatments, and that I may seek a second opinion from another health care professional or may terminate therapy at any time. I am entitled to receive information about the methods of therapy, the techniques used, and the duration of treatment, if known. I certify that I have been completely advised by my practitioner that she does not use drugs, medicine, or surgery, and that she will not make a medical diagnosis. I hereby certify that all information provided to my practitioner is true, and that myself cannot hold her liable for any intentional misrepresentation. I state that I have read the consent for treatment form in its entirety and understand and accept the risks involved in treatment.

Signed: _____

Date: _____