

COLORADO MANDATORY DISCLOSURE STATEMENT

Acupuncture by Randall Johnson
Randall Johnson, L.Ac.
Tel: (719) 237-4547
616 Ruxton Avenue
Manitou Springs, Colorado 80829

Education:

Traditional Chinese Medical College of Hawaii, Kamuela, HI 4 years
Masters Degree in Oriental Medicine earned 2012

Ripon College, Ripon, Wisconsin 4 years
Bachelor of Arts: Major Biology 1996
Minor Chemistry
Minor Philosophy of Mathematics and Natural Science

Professional Organizations:

Certified Seitai Shinpo Acupuncturist (CSSA) 2012
Training 4 years with over 6 years clinical observation of Dr. Chieko Maekawa. Kailua-Kona,
Hawaii
Seitai Shinpo Acupuncture Foundation

Council of Acupuncture and Oriental Medicine
Clean Needle Technique Certificate, 2010

National Commission for the Certification of
Acupuncture and Oriental Medicine Diplomat in Acupuncture, 2014

PADI
EFR/CPR Instructor, 2008-present

Licensed Acupuncturist in the state of Hawaii 2012 - present
Licensed Acupuncturist in the state of Colorado 2014 - present

*No certification, license or registration ever revoked or suspended

Training and Experience:	Acupuncture	Acupressure
	Chinese Herbal Medicine	Moxibustion (many forms)
	Cupping	Electric Stimulation
	So Tai Ho	Tui Na

Disclosure Statement:

This disclosure is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to by including proper cleaning and sterilization of equipment and office.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the Division of Professions and Occupations in the Department of Regulatory Agencies. The Directors address and telephone number is 1560 Broadway, Suite 1350, Denver, Colorado 80202, phone (303) 894-7800.

Patients are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy if it is known.

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 Registration in the Department of Regulator Agencies.

Fee Schedule (subject to review each January and July):

Initial visit with exam : \$80.00
Follow-up visit : \$80.00
Missed appointments (less than 24 hour notice) : \$80.00

Payment is expected at time of treatment: cash or personal check.
There is a \$5 weekly charge on unpaid balances. All returned checks are subject to a \$35 service fee. Herbal prescriptions, patents, or other herbal products are priced separately. Please make every effort to notify me as far in advance as possible if you are unable to keep an appointment. A 24 hour notice for cancellation or the normal treatment fee (\$90.00) is implemented.

I have carefully read and understand the above, and agree to the terms of this Client Disclosure Form and will be responsible for all charges. I understand that I will be liable for any reasonable attorney's fees and collection/court fees if applicable.

Signature _____ Date _____