



Find Your Balance

Acupuncture ~ Chinese Herbs ~ Nutritional Counseling

Disclosure Form

Suzanne L. Stricker, LAc (dba Find Your Balance Acupuncture) – CO License #1482

This disclosure form is a requirement of the State of Colorado Division of Registrations.

Education:

Suzanne earned her Master Degree in Oriental Medicine from Southwest Acupuncture College (SWAC) in December 2008. The SWAC program is a 3,000-hour program of instruction on the application of acupuncture, Chinese Medicinal Herbs, and other related therapies. Over 1,000 hours of the SWAC program are spent in clinical application of the knowledge gained. Suzanne is nationally certified by the NCCAOM and holds a license to practice Chinese Medicine in the State of Colorado. Suzanne has had extensive training in Oriental medicine techniques and has completed the national Chinese Herbal Medicine examination. Suzanne Stricker received her license in Colorado in 2009 and at no time has her license, certificate or registration been revoked or suspended. Find Your Balance Acupuncture clinic complies with all rules and regulations of the Department of Health. Proper sterilization of medical equipment and the cleaning of the surrounding office are strictly enforced.

Patient's Rights:

The patient is entitled to receive information about the methods of therapy and the duration of therapy, if known. The patient may seek a second opinion from another medical practitioner at any time. The patient has the right to terminate treatment at any time. In a professional relationship, sexual intimacy is never appropriate, and should be reported immediately to the director of the State of Colorado Division of Registrations (D.O.R.). The State of Colorado D.O.R. regulates the practice of Acupuncture in the State of Colorado. For any questions, comments, or complaints, please contact the D.O.R.

State of Colorado Division of Registrations
1560 Broadway, Suite 1350, Denver, CO 80202
(303) 894-7800 www.dora.state.co.us

By signing this form I acknowledge that I have read and understand this form.

_____	_____	_____
Patient Name	Patient Signature	Date

For patients under the age of 18,

_____	_____	_____
Parent or Guardian Name	Parent or Guardian Signature	Date