Informed Consent and HIPAA Notice

Dear Patients:

Below is a copy of Primalized Health Consultants, LLC (PHC from here on) and Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC's (CRFA from here on) Notice of Privacy Practices and other pertinent information which we are required
by law to provide to you.

HIPAA (Health Insurance Portability and Accountability Act) was established by Congress to develop national safeguards to protect the confidentiality of patient medical information. The Privacy Section of this law was put into effect on April 14, 2003. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice at your visit.

Please sign the acknowledgment of receipt to indicate that you have received the notices for you and other minor family members and/or dependents who receive care from PHC and CRFA.

Respectfully,
Beth Jauquet, RD
Richard Myers, CPT, LMT
Gregory Goldwire Shim Dipl.O.M., L.Ac.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PHC AND CRFA, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this Notice and Why is it Important?

This notice is required by law to inform you of how your health information will be protected, how PHC and CRFA may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact PHC and CRFA's Privacy Officer at (303) 505-9313.

Understanding Your Health Information

Each time you visit PHC or CRFA, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnosis, treatments, exercises, and a plan for future care. This information, referred to as your medical record, serves as a:

- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services and fundraising
- A tool for education health professionals
- A tool with which we can assess and work to improve the care we provide
- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by PHC and CRFA:

Obtain a copy of this notice. You will view a copy of this notice at your first visit after its publication. Thereafter you may request a copy of this notice or any revisions from PHC or CRFA, or by calling (303) 505-9313.

Authorization to use your health information. Before we use or disclose your health information other than as described below, we will obtain your written authorization which you may revoke at any time to stop future use or disclosure.

Access to your health information. You may request a copy of your health information that PHC or CRFA keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

Amend your health information. If you believe that the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may request a form for this purpose by calling (303) 505-9313.

Request confidential communications. You may request when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request
and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but will charge for subsequent lists in the same year.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our practice and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be carried by us and will be available at your request.

Except for the purpose related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have
already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

We will use your health information to facilitate your medical treatment.

For example: Any information obtained by us will be recorded in your record and used to determine the course of your medical treatment. This information is then available to subsequent health care providers, keeping treatments cohesive and progress documented.

We will use your health information to collect payment for health care services that we provide.
For example: A bill may be sent to you, your health insurance company or the responsible party. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information to facilitate routine healthcare operations.
For example: We may use the information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services that we provide.

We will use your health information to notify your family and friends about your condition.
For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death.
For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Appointment Reminders: We may contact you to provide appointment reminders.

Marketing: We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.

Research: We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study and whether any of your health information rights are affected. YOU will need to authorize the
use of your health information and agree to any suspension of your rights to participate in the study, however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to
protect the privacy of your information.

Workers Compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability. To avert a serious threat to health or safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

Food and Drug Administration (FDA): We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Business Associates: There are some services provided in our organization through contracts with business associates. When contracted business associates provide these services, We may disclose the appropriate portions of your health information to my business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

Special Situations

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Regulatory Oversight: We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member believes in good faith that PHC or CRFA has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers, or the public.

For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact the Privacy Officer at (303) 505-9313.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact the PHC or CRFA Privacy Officer at (303) 505-9313.You may also send a written complaint to the U.S. Department of Health and Human Services at 200 Independence Ave., S.W. Washington, DC 20201. Primalized Health Consultants, LLC and Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC will ensure that the care you receive will in no way be impacted if you file a complaint.

Injection Therapy:

Whenever a needle is introduced through the skin, inherent risks are present. Although the risks are small, the expected benefit from the procedure must outweigh the possible risks. Make sure that you have a thorough understanding of the expected benefit from the injection. The risks of injection depends on where the injection is made and what is being injected. If the injection is
made in a large muscle, the risk of hitting vital structures is very small. Injections in the area of neurovascular bundles (where nerves, veins, and arteries travel together) have a higher risk of injury, and injections in the area of the lung organs have a higher risk of injuring them.

The risks of injection are:

1. Infection: With current standard procedure of sterile needles and antiseptic technique, this risk is very small, but it still exists. Redness and swelling are the early signs of infection. Any redness or swelling should be reported immediately to avoid the more serious complications of sepsis (bacteria in the bloodstream) or osteomyelitis (infection of the bone).

2. Puncture of nerves, arteries, or veins: This risk varies greatly on the area of injection. When acupuncture point injections are made in the body of large muscles, this risk is very small. In other areas where these structures are larger and running together, the risk is increased. A nerve may be permanently damaged or bleeding/bruising may occur with puncture of a vein or artery.

3. Puncture of a lung or vital organ: Injections in the area of the chest could puncture a lung in which the serious complication of a tension pneumothorax could occur. In this condition the lung leaks air into the lung cavity progressively compressing the heart and lung. The person becomes short of breath, which can advance to death if untreated. Puncture of other vital organs is extremely unlikely and depends on the site of injection.

4. Allergic reaction to injected substance: Allergic reactions to homeopathic substances have not been reported, and, in fact, they are used to treat allergic conditions. However, the possibility still exists. An allergic reaction is usually hives, but a lung reaction could occur with severe shortness of breath, or the most serious reaction of anaphylaxis. In anaphylaxis there is the acute onset of shock, and this is a serious life-threatening emergency that could result in death.

5. Injections for Cosmetic reasons carry the same above listed risks as injections done for non-Cosmetic reasons. Cosmetic injections are done in acupuncture points that traditionally strengthen the shen (the vitality shown in the face). Results, if any, are never guaranteed.

INFORMED CONSENT AND AGREEMENT

I hereby request and consent to injection therapy on my body, in order to enhance the effect of stimulating an acupuncture point. I understand that I will only be injected with substances that fall within the scope of practice of Licensed Acupuncturists in Colorado. I understand the risks involved. I do not expect my practitioner to be able to anticipate all risks and complications. By signing this form, I agree to accept all risks and release all liabilities from Gregory Goldwire Shim, L.Ac., his apprentices, Castle Rock Family Acupuncture Clinic of Oriental Medicine, LLC, and Primalized Health Consultants, LLC.

Needle Retention:

Muscle channel and scalp acupuncture are unique treatment modalities that require a needle to be kept in place for more than the time of the appointment. Therapeutic results are best obtained if the needles are retained for more than one hour, typically 2 to 48 hours. Any patient who wants to keep their acupuncture needles beyond the office visit must read the following instructions and sign the consent form.

Instructions

1. While the needles are retained, do NOT touch or manipulate them.
2. Your practitioner has checked every needle's location and depth to ensure that your mobility is not hindered. However you should move your body and joints cautiously,within reasonable force and range of motion. Please let us know if you will be engaging in any sports, as we will need to evaluate whether or not it is safe for you to keep your needles in place.
3. If you feel any discomfort while the needles are retained, such as pain, swelling, headache, dizziness or bleeding, remove the needles immediately.
4. To remove a needle, hold a clean dry cotton ball on the skin where the needle is. Gently pull out the needle with the other hand. Sometimes a small gentle twisting motion makes it easier. If the needle doesn't come out easily, relax, massage and pull out the needle. Immediately after removing the needle, apply pressure on the cotton ball for at least 30 seconds to stop any bleeding. There may be a small amount of bruising which will fade.
5. If a needle is taped, remove tape from the base of the needle by gently pulling towards the handle. Then remove needle as described above.
6. If the tape over a needle loosens or falls off, remove the needle immediately.
7. If a needle is bent or broken, do NOT attempt to pull it out yourself. Stay still and seek professional medical help immediately.
8. If a needle falls off, do NOT re-insert to your scalp or body. Pick up any needle from the floor or bed so that it will not hurt someone.
9. After removing the needles, wait one hour before you wet the area where the needles were inserted.
10. Return needles in a container to Primalized Health Consultants, LLC or Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC.

INFORMED CONSENT AND AGREEMENT

I hereby request and consent to retaining acupuncture needles on my body, in order to obtain better therapeutic results. I have received clear instructions on how to remove the needles after the prescribed number of hours, how to dispose of them and what to do in the event of an emergency. I understand there are some risks involved. I do not expect my practitioner to be able to anticipate all risks and complications. By signing this form, I agree to comply with the instructions, to accept all risks and release all liabilities from Gregory Goldwire Shim L.Ac., his apprentices, Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC, and Primalized Health Consultants, LLC should any injuries or accidents happen to me outside the office visit during and after the retaining of needles.

Education and Experience

Gregory Goldwire Shim Dipl.O.M., L.Ac. graduated in 2003 from Five Branches Institute in Santa Cruz, CA with a Master of Traditional Chinese Medicine. Greg has been in private practice since 2003. He is a professional member in the Acupuncture Association of Colorado (AAC). Beginning in 1999, and after a four year time period, Greg successfully completed all the
requirements to become a Licensed Acupuncturist in the State of California – License Number AC 9313. He received his Colorado Acupuncture License (ACU-1007) in April of 2004. He holds certifications from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) as a Diplomate in Acupuncture. a Diplomate in Chinese Herbology, and a
Diplomate in Oriental Medicine. During his studies at Five Branches Institute, Greg completed several internships and presented in a Grand Rounds for certification in Integrative Sports Medicine from the Five Branches Institute Clinic of Sports Medicine. None of Greg's licenses or certificates have been suspended or revoked.

As a holder of a certificate in Clean Needle Technique, **Gregory Goldwire Shim only uses sterile disposable needles** and complies with all rules and regulations promulgated by the Colorado 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 Colorado Department of Regulatory, which may be contacted at:

Director of Registrations
Acupuncturists Licensure
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800

Patients are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. Patients may seek a second opinion from another health care professional or may terminate therapy at any time. Greg uses the modalities of, but not limited to, acupuncture, manual therapy (Asian Bodywork), herbs, electro acupuncture, injection therapy, nutritional blood analysis, Kinesio Taping, gait and posture analysis, and orthopedic testing.

Gregory Goldwire Shim maintains a professional relationship at all times. In a professional relationship, sexual intimacy is never appropriate and should be immediately reported to the Director of the Division of Registrations in the Department of Regulatory Agencies at the above address.

Gregory Goldwire Shim's training and experience in the recommendation and application of adjunctive therapies and herbs is defined by traditional oriental medical concepts.

Fees

Visits to Primalized Health Consultants LLC are $400.00 for the initial new patient package which includes 2 visits with each practitioner (6 points of contact over 2 separate days) and prices for individual practitioners are $125.00 for new patients and $100.00 thereafter, plus the cost of materials (if any). Packages are available for multiple points of contact within Primalized Health Consultants LLC. All fees are due at the time of each treatment, unless other arrangements have been made. If you have insurance that covers our services, we are happy to process the claims. If you must cancel your appointment, please give us at least 24 hours notice, otherwise, you may be billed for any missed appointments.

Informed Consent

I hereby request and consent to the performance of acupuncture treatments, personal training, massage therapy, nutrition counseling and other procedures within the scope of the practice of acupuncture, dietetics, personal training, and massage therapy on me (or on the patient for whom I am legally responsible) by Gregory Goldwire Shim, Beth Jauquet, Richard Myers, and/or other Colorado licensed acupuncturists, dietitians, personal trainers, or massage therapists who may treat me now or in the future while working at or associated with the Castle Rock Family Acupuncture, Clinic of Oriental Medicine, LLC and Primalized Health Consultants, LLC, or who may serve as a substitute for the practitioners named above, also referred to herein as the PHC Practitioners. I understand that there are some minor risks attendant to acupuncture treatment, personal training nutrition counseling and massage therapy including, but not limited to some slight bruising of the skin (hematoma) and/or slight bleeding, skin irritation, flushing and/or redness of the skin, soreness, minor injury, and/or dehydration. I understand that the risk of infection is negligible when all needles are sterile. I have had an opportunity to discuss with the PHC Practitioners named herein and/or with other office or clinical personnel the nature and purpose of acupuncture, exercise, massage therapy, and nutrition counseling. I understand that results are not guaranteed. I do not expect the PHC Practitioners to be able to anticipate and explain all risks and complications, and I wish to rely on the PHC Practitioners to exercise judgment during the course of the procedures which the PHC Practitioners feel at the time, based upon the facts then known, is in my best interests. I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

About Your Treatment

Sometimes, after receiving an acupuncture treatment, personal training, and/or massage therapy session you may feel a little light headed. If this happens, please sit for a while in the waiting room. In a few minutes you should feel fine. Please try to eat a light meal an hour or so before your treatment as it will decrease the risk of feeling light headed. Herbal prescriptions and herbal patent medicines are intended only for the person for whom they are dispensed. Because of the individualized nature of herbal prescriptions, we cannot restock them. Please sign and date below to indicate that you have read and understand this form.

CRFA's and PHC's Policies

All fees for medical and nonmedical services are due at the time of visit unless arrangements have been made with CRFA or PHC. CRFA and PHC will print a CMS1500 for insurances that cover Acupuncture/TCM. If you need to cancel an appointment, please give us a minimum of 24 hours notice. There may be a $100.00 cancellation fee for less than 24 hour notification.

- My signature authorizes PHC and CRFA to treat me (or the person for whom I am legally responsible) with acupuncture, Chinese medicinal herbs, nutrition therapy, personal training, and massage therapy within the licensure granted by the Colorado Office of Acupuncture Licensure, Commission on Dietetic Registration, American Counsel on Exercise and/or DORA

- I do not expect the PHC Practitioners to be able to anticipate and explain all risks and complications, and I wish to rely on the PHC Practitioners to exercise judgement during the course of the procedure and/or session, which the PHC Practitioner feels based upon the facts then known, is in my best interests.

- I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

- I authorize the release of any medical or other information necessary for insurance claim processing and I understand that my individually identifiable medical information will be used only as necessary for purposes of treatment, payment, and other healthcare operations.

- I have received the PHC and CRFA Notice of Privacy Policies (HIPAA Notice).

Signature:
(Patient, Parent or Guardian)