

**The Chinese Medicine Clinic, LLC**  
385 Main St, Ste D  
Longmont, CO 80501  
Phone: 303-834-9188

J. Hadyn Peacock, L.Ac, MSOM

**Patient Information**

Name:	Date:
Occupation:	Age:

How did you hear about us?

---

Who is your primary care physician?

---

Main health reason for scheduling an appointment?

---

---

---

When did this health issue begin?

---

---

Have you been given a diagnosis? If so, what?

---

---

---

What forms of treatment have you tried? Have they helped?

---

---

---

---

Please list any previous medical diagnosis given (Autoimmune, Cancer, Thyroid etc.)

---

---

---

---

**Patient Information**

Name:	Gender: M F	DOB:	Age:
Best Contact Phone:		Secondary Phone:	
Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Email Address:		Marital Status: S M	

Person Responsible for Payment if Minor:		Phone:	
Street Address:	City:	State:	Zip:

Person to Contact in Emergency:		Relationship to Patient:	
Day Phone:	Evening Phone:		
Street Address:	City:	State:	Zip:

Employer:	Supervisor:		
Street Address:	City:	State:	Zip:
Phone:	Other Contact Info:		

**Agreement of Financial Responsibility**

**Concerning cancellations:** I, the undersigned, understand that there will be a charge for missed appointments or cancellations without 24 hours advance notice. The charge is \$75 for all private treatments. There will be a \$30 fee charged for any returned checks.

I hereby agree to the above statement of financial responsibility to TCMC.

\_\_\_\_\_  
*Patient's or Guardian's Signature*

\_\_\_\_\_  
*Date*

**Patient's Rights**

- The patient is entitled to receive information about the methods of therapy, the techniques used and the duration of therapy, if known.
- The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registrations in the Department of Regulatory Agencies.

The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have comments, questions, or complaints, contact the Acupuncturists Registration Office, 1560 Broadway, Suite 1350, Denver, Colorado 80202. Telephone (303) 894-2440.

\_\_\_\_\_  
*Patient's or Guardian's Signature*

\_\_\_\_\_  
*Date*

**Clinic X-Ray Safety Policy**

In order to ensure the safety and well-being of TCMC staff and other clients in the clinic, we require you do not schedule an acupuncture appointment within 3 days of receiving an X-ray.

**Clinic Policy Regarding Cancer Treatment**

We do not specialize in the treatment of side effects of cancer treatment, including chemotherapy and radiation. We can make a referral for you by request. We are happy to work with clients who have received remission/cancer-free status of 12 months.

If you have any questions regarding these policies, please let us know.

\_\_\_\_\_  
*Patient's or Guardian's Signature*

\_\_\_\_\_  
*Date*

**The Chinese Medicine Clinic, LLC**  
385 Main St, Ste D  
Longmont, CO 80501

J. Hadyn Peacock, L.Ac, MSOM

**HIPAA - Notice of Privacy Practices**

**AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION**

*No medical information with third parties will be discussed, unless written consent/authorization has been obtained from you. (This includes by telephone, fax, letter, e-mail or in person). This consent form gives us permission to do so.*

**Ways in which this information might be used:**

**Treatment** - Such as when our providers discuss your care or provide other information to another health care provider for the continuation or supplementation of your care.

**Insurance** - If your insurance company requests copies of your records.

**Family** - Such as sharing information with members of your family that you choose.

**I authorize the following individual(s) to receive my medical information:**

\_\_\_\_\_, \_\_\_\_\_  
Full Name Relationship to Patient

\_\_\_\_\_, \_\_\_\_\_  
Full Name Relationship to Patient

\_\_\_\_\_, \_\_\_\_\_  
Full Name Relationship to Patient

\_\_\_\_\_, \_\_\_\_\_  
Full Name Relationship to Patient

You may request a copy of this authorization. You may revoke authorization at any time in writing. You may refuse to sign this authorization. You have the right to request access to your protected health care information that may be used or disclosed.

Patient Name (Please Print)\_\_\_\_\_

Signature of Patient (or legal guardian) \_\_\_\_\_, date \_\_\_\_\_

Signature of covered dependent if 18 or over \_\_\_\_\_, date \_\_\_\_\_

\*\*\*\*\*

If you do not want your records disclosed to anyone, draw a line through the above authorization section and sign below to acknowledge having seen this form.

\_\_\_\_\_  
Print Name Signature Date

# Colorado Mandatory Disclosure Statement



**The Chinese Medicine Clinic, LLC**  
385 Main St, Ste D  
Longmont, CO 80501  
Phone: 303-834-9188 Fax: 303-834-9552

J. Hadyn Peacock, L.Ac, MSOM

### Education and Experience

**Hadyn (Jeffrey) Peacock** received his Master of Science and Oriental Medicine degree from Southwest Acupuncture College in August 2011. The four-year program consists of 3093 hours of education, including 1000 hours of clinical practice. Jeffrey is verified as a Diplomat in Acupuncture and Traditional Chinese Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) as of October 2011. This includes certification in Clean Needle Technique. He is also an active member of the Acupuncture Association of Colorado (AAC) and the American Association of Oriental Medicine (AAOM).

Jeffrey has and continues to maintain all licensing, registrations and memberships current and in good standing by the NCCAOM and the State of Colorado. None of his licenses, certificates or registrations has ever been suspended or revoked.

### Note

Jeffrey's training includes Acupuncture, Chinese Herbology, and related modalities such as moxabustion, tuina, electro-neuro stimulation, acupressure, cupping, guasha, auriculotherapy and dietary and lifestyle recommendations.

The clinic complies with the rules and regulations promulgated by the Colorado Department of Health, including proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are used.

<b>Fees</b>	
New Patient with Acupuncture (Uninsured)	\$105
Established Patient with Acupuncture (Uninsured)	\$85- 1 hour) – Additional time is pro-rated at hourly rate
New Patient Herbal or Nutritional Consultation	\$125 + herbs
Established Patient Herbal or Nutritional Consultation	\$75 + herbs
Cupping (this therapy is only used in combo with Acu as necessary)	\$15 first 15 min., \$10 each additional 15 min.
Medical Qigong (this therapy is only used in combo with Acu as necessary)	\$25 first 15 min., \$15 each additional 15 min.

