

## **Mandatory Disclosure Statement**

## **Education & Experience**

Nancy Imig Smith earned her Masters degree in Traditional Chinese Medicine from the Colorado School of Traditional Chinese Medicine in Denver, CO. The program consisted of 2,850 hours of education including 800 hours of clinical practice. Nancy's training included Acupuncture, Internal Medicine (Chinese herbs), Moxibustion, Tui Na, Cupping, Chinese Nutrition, Auriculotherapy, and Qigong. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) declared Nancy a Nationally Certified Diplomate of Acupuncture (Dipl.Ac.). Nancy is licensed by the State Department of Health and Human Services to practice Acupuncture in Nebraska. This license has never been revoked or suspended. Nancy has also received her Clean Needle Technique certification. Healing In Progress Chinese Medicine complies with the rules and regulations set forth by the Nebraska Department of Health and Human Services, including the use of single-use, disposable, factory-sterilized needles. This also includes the proper cleaning and sanitation of the clinic and proper disposal of used needles.

## Fee Schedule:

Fees due at Time of Service

Initial Intake and Treatment (2 hour 1st time visit)	\$125
Cash or Check discount	\$120
Follow-up Treatment (1.5 hours)	\$95
Cash or Check discount	\$90

Appointments not canceled 24 hours in advance will be charged a cancellation fee of \$60.00.

## Patient's Rights

- The patient is entitled to receive information about the methods of therapy, the technique used, and the duration of the 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 Nebraska Department of Health and Human Services (DHHS).
- A patient is entitled to their Medical Records, including herbal prescriptions, upon request.

I have read and understand this document.	
Signature of Patient or Authorized representative	 Date
Printed Name	_