



Deanna Kayyali, L.Ac.

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COLORADO MANDATORY DISCLOSURE

Education & Experience

Deanna Kayyali, MAOM, L.Ac.

Deanna Kayyali earned her Master of Acupuncture and Oriental Medicine (MAOM) from The Academy of Oriental Medicine at Austin, Texas (AOMA) in December 2005. This four-year program consisted of 2,916 hours of education including over 1,044 hours of clinical practice. Deanna is also a Diplomate of Oriental Medicine – this includes completion and certification of the Acupuncture, Foundational Theory, Point Location, Chinese Herbology, and Biomedicine modules – and was certified through the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM) in January 2006. This further includes certification in Clean Needle Technique (CNT) awarded by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), and First Aid/CPR. She is a Licensed Acupuncturist in the state of Colorado (#1201) and a member of the Acupuncture Association of Colorado (AAC). None of these licenses, certifications or registrations have ever been suspended or revoked.

Sessions last between 45 minutes to 1 hour (first session may last a little longer). Sessions may include adjunct therapies include moxibustion, cupping, gua'sha, auriculotherapy, electro-acupuncture, mild bleeding, needle retention, lifestyle counseling and Reiki.

Fee Schedule

Acupuncture & Reiki treatment	\$85.00 + cost of herbs
A package of 5 treatments	\$375.00 + cost of herbs (\$50.00 savings on 5th visit) *
A package of 10 treatments	\$650.00 + cost of herbs (9 th & 10 th visit free/ & 8 th is \$30off/savings of \$200.00) *
Power Session of Acupuncture & Reiki**	\$120.00 + cost of herbs
A package of 5 power sessions**	\$ 550.00 + cost of herbs
A package of 10 power sessions **	\$ 1000.00 + cost of herbs

PAYMENT WILL BE REQUESTED FOR CHANGES OR CANCELLATIONS OF LESS THAN 24 HOURS.
WE WILL WAIVE A ONE TIME CANCELLATION FEE, THERE AFTER FEES APPLY

* All package pricing to be paid in full at first visit. Package deals are for an individual or family.

** Power sessions include Acupuncture with Deanna Kayyali and Reiki with Master Jenni Prince Morgan in the same visit. Adjunct therapies and herbal recommendations will also be included, if needed.

Payment is due at the time of service and may be paid in cash, check or credit card (Mastercard or Visa).
A \$25.00 service charge will be added for returned checks.

I understand that:

- ✓ 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 health care 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.
- ✓ The aforementioned acupuncturists comply with any rules and regulations promulgated by the Colorado Department of Public Health and Environment with respect to *Article 29.5:Acupuncturists*, including those related to the proper cleaning, sterilization, and disposal of needles used in the practice of acupuncture and the sanitation of acupuncture offices. Only single-use, disposable, factory-sterilized needles are used.
- ✓ The practice of acupuncture in Colorado is regulated by the Department of Regulatory Agencies and the address & phone number of the Director of the Division of Registrations of the Colorado Department of Regulatory Agencies is 1560 Broadway, Suite 1350, Denver, CO 80202; (303) 894-7800.
- ✓ The acupuncturists' training and experience in the recommendation and application of adjunctive therapies and herbs as defined by traditional Chinese medical concepts include manual, mechanical, thermal, electrical, and electromagnetic treatment, the recommendation of Chinese therapeutic exercises, and the recommendation of herbs and dietary guidelines.

By voluntarily signing this document, I show that I have read, or have had read to me, the above mandatory disclosure, and have had an opportunity to ask questions.

Patient's name (please print)

Patient's signature
or signature of Patient's Representative/Legal Guardian

Date signed

Print name of patient's Representative/Legal Guardian

Relationship or authority