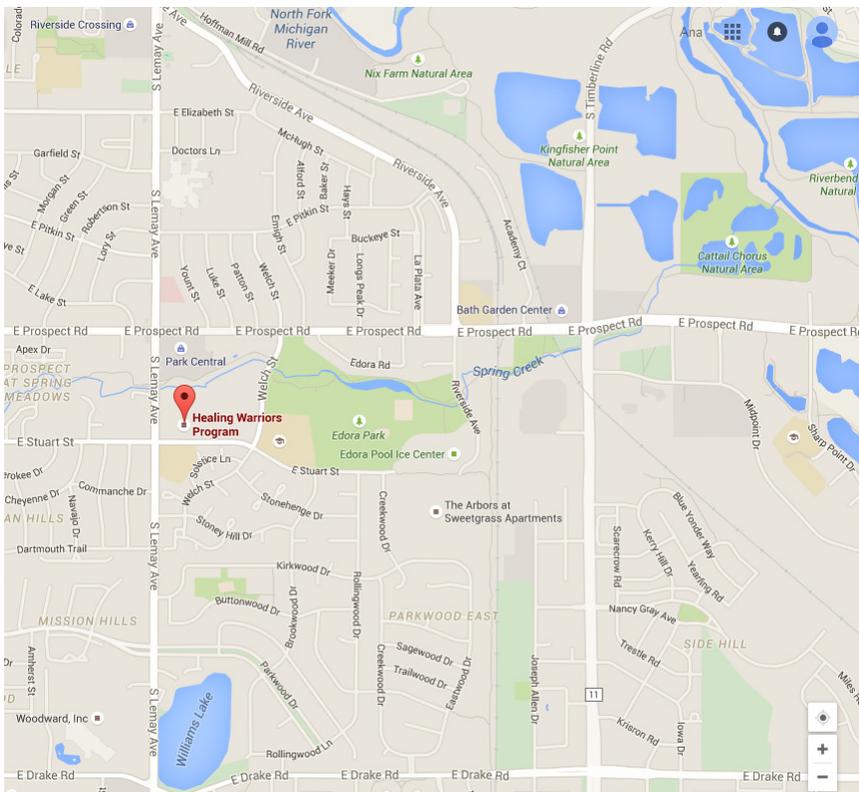




### Healing Warriors Program Clinic

Stuart Professional Park  
1136 E. Stuart Street, Building 4, Suite 4202  
Fort Collins, CO 80525  
970-776-VETS(8387)





## Client Session Guide

### Preparation

In preparing for your session at the Healing Warriors Program clinic we ask that you think about what you would like to accomplish, establishing a goal for your session. Determining a goal for your session sets a focus and direction. This can be a simple statement such as, "My goal is relief from shoulder pain." Establishing a goal for ourselves enables us to monitor our own progress.

### What to Expect

Wear loose comfortable clothing as you will be lying on a treatment table with pillows and blankets during your session. You will be asked to remove your shoes. You may even fall asleep. The practitioner will wake you when the session is over. The lighting in the room will be dimmed and soft music will be made available.

### During the Session

If this is your first session, your practitioner will spend a few minutes doing an intake and reviewing your health history. Please be sure to have your completed paperwork at the time of your appointment or arrive 30 minutes early to fill it out. Allow 60 minutes for sessions.

Practitioners may ask you to lie on your back, stomach, or side depending on your particular needs and the treatment being administered.

### Acupuncture

The acupuncturist will usually begin by taking your pulses and checking your tongue. This provides information about the body's general resources and health, and assists the practitioner in determining a treatment plan. Treatment usually consists of selecting a specific set of acupuncture points and sequencing. Acupuncturists might request that a specific item of clothing be pulled back or removed. For example, if working on the shoulder, some of the outer wear may need to be removed. If working on the knee, the pant leg may need to be rolled up or removed.

Acupuncturists will insert fine filiform needles superficially at the specific points. The needles are sterile, used once and then disposed of according to state and federal health guidelines. The needles usually remain in the body for a specified period dependent on the condition and the client. The client rests during this time and often falls asleep. Once the acupuncturist determines that the treatment is complete, the needles are removed and the client is asked to take their time getting up.

Acupuncture needles are very fine. On average, approximately 30 acupuncture needles fit into a standard hypodermic needle. This is why patients often say they don't even feel them.



## **CranioSacral Therapy**

The CranioSacral practitioner begins by gently touching various parts of the body to assess and monitor the rhythm of the fluid moving around the spine and central nervous system. The practitioner uses their hands to sense the pulse of the fluids to assess areas of weakness or blockage and uses subtle movement and energy to shift the appropriate areas. Often the practitioner will use very light movement to shift constricted areas.

## **Healing Touch**

The Healing Touch practitioner will begin the session by assessing the body's flow of energy. This provides information about areas of blockage or low vitality that might require attention. This also assists the practitioner in creating a treatment plan to support the body's natural self-healing process.

The practitioner will place their hands lightly on designated areas of the body in a specific sequence. Often the client experiences a sense of deep relaxation or a sense of movement, and often falls asleep. This is common and expected and simply reflects the level of relaxation of the body. After the session, the practitioner will slowly assist the client in waking. The practitioner instructs the client to take their time sitting up and will bring them water.

## **Post Session**

It is common to notice changes within 24- 48 hours of a session. As with most integrative care, you might experience feeling renewed, inspired or possibly more emotional, hungry or tired than usual. This is the body's method of processing and clearing. We recommend taking some time for quiet or stillness if possible. Take a short walk outside and breathe with mental focus. This will support the treatment and help refresh and restore.

Remember also that your body may want more sleep and will need more water. We also recommend taking a salt bath or using salt in the shower after a session to help with integration.

Some people find it helpful to write at this time and clients have reported enhanced creativity and problem-solving at work post session. Often the deep relaxation results in ideas and thoughts bubbling up to the surface after a session, and it can be helpful to keep a small journal to capture this information. If you've never had an integrative care session before, you may want to plan a little extra downtime for yourself.

If you have any questions, please call the office at 970-776-VETS(8387).



## CLIENT DISCLOSURE AND CONSENT FORM

### Information

We are grateful to our service member community for their service. It is the goal of Healing Warriors Program to serve our service member community and their families by providing complementary care services and education to help reduce pain, anxiety, traumatic brain injury, and post traumatic stress symptoms.

### Services Offered

Acupuncture, CranioSacral Therapy, and Healing Touch. Sessions are 60 minutes in length.

### Clientele Served

Veteran, Active Duty, Reserve, Separated, and Retired service members, and their immediate family members: spouse/partner and parents. Service member identification is required for the first visit, either a DD 214 Form or VA card.

### Treatment Session Fees

Each individual client is entitled to **3 sessions at no charge**. The client is free to use their three sessions whenever they want, with any combination of the treatments offered, and at any Healing Warriors Program clinic location. We strongly recommend using the 3 free sessions to experience all 3 of our modalities. Since these therapies work in conjunction with one another, combining therapies will be beneficial.

Clients may receive additional sessions at a subsidized and nominal rate of \$35 per session.

- Three sessions for each individual client at **No Charge**.
- Additional sessions are \$35 per session. Payments are due at time of service.
- VA/Veterans choice referral is available through your VA medical professionals as Healing Warriors Program is a Registered VA vendor. TriCare insurance will be accepted with appropriate pre-authorization.
- Accepted forms of payment: Cash, Check, Credit/Health Savings/ATM/ Card: MC, VISA, DISCOVER, American Express.

It is the policy of Healing Warriors Program not to withhold services because of financial hardship. Management may waive or reduce session fees on a case by case, as needed basis.

### Appointment Cancellation Policy

**A 24 hour notice of cancellation by phone is required.** Failure to keep a scheduled appointment will result in forfeiting a free session or paying out of pocket for a missed session. Exceptions will be made on an individual basis for unforeseen medical or family emergency situations.



## **Client's Rights**

Each client who visits this office is entitled to receive information about the methods of treatment, the techniques used, and recommendations for treatment. You are entitled to seek a second opinion from another health care provider and can terminate treatment at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies at 303-894-7800.

## **Confidentiality**

All exchanges and experiences during sessions will remain confidential except under circumstances detailed in *Colorado Statutes 12-43-218. Disclosure of confidential communications* (provided upon your request). Information will only be released to agencies or individuals with your signed authorization, except in the legal situations noted directly above. Client files are maintained in observance of privacy in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Disclosures**

All Healing Warrior Program practitioners practice within their scope of practice in their designated service. Practitioners are listed below. Practitioners do not diagnose conditions, prescribe, or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. **Please discuss any recommendations made by practitioners with your primary care medical professional.**

## **Acupuncture**

The practice of acupuncture in the state of Colorado is regulated by the Department of Regulatory Agencies. Adjunctive therapies as defined by traditional oriental medical concepts and included under the auspices of acupuncture include tui na, Chinese herbal medicine, fire cupping, bleeding, moxibustion, acupressure, electroacupuncture, plum blossom, gua sha, intradermal needles, auricular acupuncture, ion cord and magnet therapy. Clinic acupuncture and Traditional Chinese Medicine practitioners comply with the rules and regulations promulgated by the Department of Health and the Department of Regulatory Agencies with respect to C.R.S. 12-29-103. This clinic uses only individually packaged, sterilized, disposable needles and adheres to the rules regarding the sanitation of acupuncture offices.

## **CranioSacral Therapy and Healing Touch**

CranioSacral and Healing Touch practitioners are not licensed, certified or registered by the state of Colorado as a health care professional. The professional organizations, such as Healing Touch Program and Healing Beyond Borders, certify practitioners. Clinic practitioners of both these complementary and alternative health care services meet the requirements stated in the Colorado Natural Health Consumer Protection Act.



**The Colorado Natural Health Consumer Protection Act** requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items I-VI below:

*To be compliant with state regulations, we must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for two years following your last session, and give you a copy. Please initial next to each item that you have read and understand and sign below.*

(I) Contact Information Initials:  
(referred to as HEALING WARRIORS PROGRAM throughout this document).

(II) Regulation and Governance Initials:  
Listed Healing Touch practitioners are not licensed, certified, or registered by the State of Colorado as a health care professional. They adhere to the Standards and Scope of Practice of the Healing Touch Professional Association and are certified through Healing Touch Program.

(III) Nature of Services Initials:  
HEALING WARRIORS PROGRAM provides Acupuncture, CranioSacral and Healing Touch sessions. Your sessions may include a combination of these healing modalities. Your session may include light touch on or off the body.

(IV) Education and Experience Initials:  
Listed below by Modality and practitioner.

(V) Licensed Health Care Initials:  
Because Healing Touch and CranioSacral practitioners are NOT licensed health care providers, you should discuss any recommendations made by them with your primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician or other **board-certified physician** or **licensed mental health care provider**. The care you receive at HEALING WARRIORS PROGRAM is not a substitute for licensed medical health care. Please inform your licensed health care provider about your sessions.

(VI) Insurance Initials:  
HEALING WARRIORS PROGRAM is covered by general liability insurance through the Colorado Nonprofit Association. Individual practitioners are insured through professional liability insurance. Jackie Cooper and Ana Yelen have Personal Liability Insurance through Healing Touch Professional Association. The insurance provider requires that the following waiver be included in the client agreement:  
Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Jackie Cooper and Ana Yelen from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).



## **Liability Insurance**

The Healing Warriors Program Clinic carries liability insurance issued by the Colorado Nonprofit Insurance Agency, 455 Sherman Street, Suite 207, Denver, CO 80203. All practitioners carry individual liability insurance and proof of insurance is on file.

## **Notice of Privacy Practices**

The Privacy Rule does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security or intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incident to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

As a care provider, we use your health information for evaluation and treatment, as well as to obtain payment for treatment. With your written request, your client records may be shared. We may use your health care information without your authorization for the following reasons: Public health safety, Auditing purposes, Emergencies, or when required by law.

In all other circumstances, we will obtain your written permission to release your treatment information in the form of a "Release of Treatment Records" form. If you choose to sign this form, you have the right to revoke that authorization at any time. If, at any time we change our policies regarding privacy of your information, you will be informed with a new "Disclosure and Consent Form" to sign. You have the right to view and obtain a copy of your records. You also have the right to know to whom we have disclosed your records. If you believe the information in your record is not correct or missing information, you have the right to request that such information is corrected or added to your record. If you have any questions or concerns about your medical records, please contact Healing Warriors Program, or you can file a written complaint with the U.S. Department of Health and Human Services. Healing Warriors Program is required by law to protect your information and provide this notice to you, along with your signature acknowledging your receipt of this information. Healing Warriors Program reserves the right to change the privacy practices that are described in this Notice of Privacy Practices. Our office sends periodic information and participates in other non-private contact. This may be via email or postal service. Reminders of your appointments may be via email, telephone, or text message.



## Healing Warriors Program Practitioners

### Acupuncture Practitioners:

Anna Nellor, L.Ac.  
Debi Saidman, L.Ac., Dipl.Ac., HTPA  
Carrie Tempalski, L.Ac., RN  
Megan Harms, L.Ac, MSOM  
Sterling Davis, L.Ac  
Jenna Mears, L.Ac

### CranioSacral Practitioners

Joseph Culhane, Ed.D., Certified Rolfer™  
Paula Curtis, MS, LMT  
Karen Orlosky, LMT  
Tanya Pratkelis, B.S., NCTMB, CST  
Diane Frye, LMT

### Healing Touch Practitioners

Jackie Cooper, HTCP, BA  
Shelley Poland, CHTP  
Sharon Myrah, HTCP/I  
Ana Yelen, B.A., M.S., CHTP, C.S.P.

## Client Consent

I have read this Disclosure and Consent document.

I have read and understand the Notice of Privacy Practices prior to signing this form. I have felt free to ask any questions regarding this document and if I have asked questions, the answers have been satisfactorily explained to me.

I understand that I am free to withdraw this statement in writing and to discontinue services at any time. I understand that no guarantees or claims as to the results of treatment are expressed or implied by Healing Warriors Program. I consent to the treatment described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



### CLIENT INFORMATION FORM

**Please print clearly and complete this form as thoroughly as possible. All information is confidential.**

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Preferred Method of contact for appointment reminders:**

Email     Text message - Carrier \_\_\_\_\_

Phone Call on:     Home Phone     Cell Phone     Work Phone

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:     M     F

**IF YOU ARE A FAMILY MEMBER OF A SERVICE MEMBER PLEASE PROVIDE THE FOLLOWING:**

<p>First Name _____ Last Name _____</p> <p>Gender:    <input type="checkbox"/> M    <input type="checkbox"/> F    Date of Birth _____    Age _____</p> <p>Relationship to Service Member:</p> <p><input type="checkbox"/> Spouse/Partner    <input type="checkbox"/> Parent    <input type="checkbox"/> Other: _____</p>
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**How did you hear about Healing Warriors Program?**

VA - Referred by \_\_\_\_\_ Location \_\_\_\_\_

Vet Center     Friend or Family (Name) \_\_\_\_\_

Other \_\_\_\_\_



**Emergency contact Information:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

**MILITARY SERVICE MEMBER INFORMATION**

Branch of Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Specialty \_\_\_\_\_

Military Status:  Active Duty  Reserves  Separated  Retired

Race:  African American  Asian  Caucasian  Hispanic  Native American

Other

Marital Status:

Widowed  Single  Married/Partner  Separated  Divorced

***PLEASE BRING THE SERVICE MEMBER'S IDENTIFICATION TO THE FIRST APPOINTMENT, EITHER A DD 214 FORM OR VA CARD. WE WILL MAKE A COPY OF THE DD 214 FORM FOR ALL SERVICE MEMBERS NOT REFERRED TO US BY THE VA OR HN. THIS IS A REQUIREMENT FOR SPECIFIC GRANT APPLICATIONS. ALL BUT THE LAST 4 OF THE SSN WILL BE REDACTED AND THE FORM WILL BE KEPT IN A SECURE FILE.***

ID verified by \_\_\_\_\_

**ADDITIONAL INFORMATION \*FOR OUR GRANT APPLICATION PROCESSES\***

Place of Employment & location \_\_\_\_\_

Occupation \_\_\_\_\_

School District \_\_\_\_\_



### Client Records Release Form HIPAA requirement

I, \_\_\_\_\_, give permission to  
(Client's name printed)

*Healing Warriors Program* to exchange information by phone or in writing regarding my case with:

\_\_\_\_\_  
(Family member, Health Care Provider, Insurance Company, Mental Health Provider, Other)

Whose address and phone number is:

\_\_\_\_\_  
\_\_\_\_\_

For the time period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**Describe below the illness, injury, or subject to be discussed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: This authorization is valid only for communication between the named parties, for the condition described, and for the time period specified by the client.**

Client or Legal Guardian's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dated: \_\_\_\_\_