



## Acupuncture Disclosure Statement

In accordance with the State of Vermont Office of Professional Regulations rules, each new patient must read and sign the following disclosure:  
Licensed Acupuncturists at Sojourns Community Health Clinic:

### April Brumson

Vermont Acupuncture License: 091-0000166  
National Commission for the Certification of Acupuncture and Oriental Medicine Diplomate Acupuncture & Diplomate Chinese Herbal Medicine  
New England School of Acupuncture, Diploma 1986  
Three Year Course Chinese Herbal Medicine 1995  
VT Nursing License: 101-003-791  
American Nurses Credentialing Center Certified as Adult Nurse Practitioner  
MGH Institute of Health Professions, Masters of Science in Nursing, 1998  
Biological Medicine two year course through Paracelsus Biological Medicine Network.

### Cynthia Moore

VT License # 091-0000010  
Graduated from The New England School of Acupuncture, Watertown, MA  
Diploma in Acupuncture, 1994  
Advanced Studies in: Chinese Herbal Medicine (New England School of Acupuncture 1997)  
Acutonics Sound Healing Levels I & II , 2005  
Homeopathy (The New School of Homeopathy- Dr. Luc DeSchepper 1996, The New England School of Homeopathy, Dr. Paul Herscu 1997-1999)

### Alexis Chesney

Masters in Acupuncture from University of Bridgeport Acupuncture Institute, 2009  
VT Acpx license: 091.0064479  
Diplomate in Acupuncture, 2010  
Doctor of Naturopathic Medicine from University of Bridgeport College of Naturopathic Medicine, 2009 VT ND license: 099.0062300

### 3.8 DISCLOSURE STATEMENTS FOR LICENSED ACUPUNCTURISTS

Each licensed acupuncturist shall disclose to each client before the first treatment the following information, printed or typed in easily readable format:

- A. The licensed acupuncturist's professional qualifications and experience, including (1) all relevant formal education programs attended and all degrees and certificates earned, including the full legal name of the granting institution, (2) all relevant training programs completed and all credentials awarded, including the full legal name of the granting institution, and (3) a brief description of any special qualifications and areas of practice.
- B. A copy of the statutory definition of unprofessional conduct ([26 V.S.A. § 3410](#)).
- C. Information on the process for filing a complaint with, or making a consumer inquiry to, the Director.

Sample information cards are available from the Office.

Disclosure means, at a minimum, (1) posting the information and informing the client where the information is posted, or (2) having the information printed, displaying the printed information in an easily accessible location, and informing the client where the information is displayed, or (3) having the information printed and directly handing a copy of the information to the client.

Not later than the third office visit, the licensed acupuncturist shall present to the client for signature a document stating that the information required to be disclosed in paragraphs A, B, and C above has been disclosed to the client. The acupuncturist shall also sign the document and shall retain the signed original. If, by the third visit, disclosure cannot be made or the client declines to sign, the acupuncturist shall prepare and sign a written statement explaining the omission, which shall be retained in place of the signed copy. When the client is not able to understand the disclosure, as in the case of an institutionalized person, a minor, or an adult who is under the supervision of a guardian, the disclosure shall be made to a suitable patient or guardian.

Patient's signature below indicates that the acupuncturist has reviewed this disclosure and the patient received a copy of the unprofessional conduct statute and the process to file a complaint.

By typing my name into this box, I hereby agree that this action constitutes my electronic signature.

Patient Signature:

Date

By typing my name into this box, I hereby agree that this action constitutes my electronic signature.

Acupuncturist Signature:

Date