



**ELEMENTS OF HEALTH**  
CHINESE ACUPUNCTURE, HERBS & NUTRITION

Disclosure Statement

Lori Lloyd, L.Ac.

208-920-0312

Education and Experience

Lori Lloyd earned her Master’s degree in Acupuncture and Oriental Medicine from Southwest Acupuncture College in August 2007. This four-year program consists of 3,000 hours of education including 1,095 hours of clinical practice. She was certified as a Diplomate in Acupuncture and Traditional Chinese Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in October 2007. This includes certification in Clean Needle Technique and Chinese Herbology.

Lori’s training includes adjunctive therapies such as moxibustion, cupping, auriculotherapy (ear acupuncture), and dietary and lifestyle recommendations. She also has advanced training in cosmetic acupuncture, sports medicine and pain management, NAET allergy elimination and NET (Neuro Emotional Technique).

Lori is a licensed acupuncturist in Idaho & Colorado. No licenses, certificates or registrations have ever been suspended or revoked.

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

Fee Schedule

|   |              |
|---|--------------|
| <b>Initial Consultation and Treatment</b> | <b>\$115</b> |
| <b>Follow-up</b>                          | <b>\$75</b>  |
| <i>Returned check fee</i>                 | <i>\$25</i>  |

***\*Please note that we have a 24-hour cancellation notice policy. Missed appointments will be charged in full according to the above fee schedule.***

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.

I have read and understand this document.

\_\_\_\_\_  
Patient’s or Guardian’s Signature

\_\_\_\_\_  
Date