

OREGON MANDATORY DISCLOSURE STATEMENT

Wilder Health ~ Acupuncture & Herbal Medicine
102 N Main St. Halfway, OR 97834 (541) 406-0615
Education and Experience

Hopi Wilder earned her Master of Acupuncture and Oriental Medicine degree from Southwest Acupuncture College, Boulder Colorado in December of 2010. This four-year program consisted of 3045 hours of education, including 1275 hours of clinical training. The National Certification Commission certified her as a Diplomate in Acupuncture and Traditional Chinese Medicine for Acupuncture and Oriental Medicine (NCCAOM) beginning in January of 2011. The Oregon Medical Board granted her Oregon acupuncture license # AC 185363 in November 2017.

Ms. Wilder's training includes adjunct therapies such as Chinese herbal medicine, moxibustion, tui na, shiatsu, acupressure, cupping, auricular, TDP lamps, dietary and lifestyle recommendations. She also has fifteen years experience as a massage therapist. None of these licenses, certificates or registrations have ever been suspended or revoked. This clinic complies with the rule and regulations promulgated by the Oregon Medical Board, 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

Acupuncture Initial Consultation	\$95
Acupuncture Returning Patient	\$75
Energy Medicine Massage	\$100
Ear Needle Clinic	\$10

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.
- ✓ In a professional relationship, sexual intimacy is never appropriate and should be reported to the Oregon Medical Board.
- ✓ The Oregon Medical Board regulates the practice of acupuncture. The Oregon Medical Board's address is 1500 SW 1st Ave., Suite 620, Portland, OR 97201-5847. Phone number: (971) 673-2700. Email: omb.info@state.or.us

I have read and understand this document.

Patient's or Guardian's signature

Date