Douglas Hugh Castor L. Ac., #802 Dipl. Ac.(NCCAOM)
1304 S. College Ave. Suite 4
Fort Collins, CO 80524
(970) 215-7419

Mandatory Disclosure Statement

This disclosure is in compliance with the State of Colorado, Department of Regulatory Agencies, CO Statute Title 12 Article 29.5. All the rules and regulations set forth by the Department of Health are strictly adhered to by this clinic, including proper cleaning and sterilization of equipment, needles, and office. Only single use, sterilized needles are used.

The practice of acupuncture is regulated by the Department of Regulatory Agencies. Any complaints should be directed to: Director of the Division of Registrations in the Department of Regulatory Agencies: 1560 Broadway, Suite 1545, Denver CO 80202, Phone (303) 894-2464 Fax (303) 894-7885.

Patients will receive information about the methods of therapy, techniques used, and the duration of therapy, if known. Patients may seek a second opinion 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 at the above address.

Hugh Castor L. Ac., Dipl. Ac., Master of Science in Oriental Medicine & Acupuncture from the Southwest Acupuncture College, Boulder CO (a 3 year program which included the recommendation and application of adjunctive therapies and herbs). Diplomate in Acupuncture certification awarded by the National Certification Commission for Acupuncture and Oriental Medicine in 2001. Member, Acupuncture Association of Colorado 2002 -2004. Certified massage therapist awarded by the National Certification Board for Therapeutic Massage and Bodywork (1998-2002) and Licensed by the Louisiana State Board of Massage Therapy (1995-1998).

I have never had any license, registration, or certification revoked or suspended.

Fee Schedule

Initial Visit and Exam $80
Follow up…...$65
Children's 1st visit....$45
Children's Follow-Up....$35
Missed Appointment.....regular fee

Please make every effort to notify me as far in advance as possible if you are unable to keep an appointment. I ask for 24 hrs. notice of cancellation to avoid being charged a fee. Herbal prescriptions, patent medicines, or any other herbal products are priced separately from exams. Payment is expected and appreciated at the time of treatment.

I have read and understood the above statement. Signed_____Date_____