

Client Informed Consent

I understand that if I have, or feel I have, a medical concern, condition, disease, disorder, issue, or symptoms, Body Re-New will help me reduce any related stress. However, **Body Re-New cannot treat, cure, diagnose or heal any disease, nor give medical advice.**

I hereby acknowledge I have come to Body Re-New for biofeedback with the understanding that Body Re-New is not and does not claim to be a Doctor, MD, Licensed Health Care Provider or Primary Health Care Provider.

I understand Body Re-New is a company who uses biofeedback to help me relax and manage my stress, manage my pain, and enhance the quality of my life. I also understand aromatherapy and sound therapy are used during my session and may help me with these issues.

I agree to hold Body Re-New harmless if I develop any symptoms or condition while receiving biofeedback or because of my failure to seek qualified medical care.

I understand Body Re-New will keep all information learned about me completely confidential unless I release to them in writing or as required by law.

I acknowledge that I have read and understand this form and I agree to allow Body Re-New to help me reduce my stress and enhance the quality of my life by using biofeedback technology.

Name of Client

Address of Client

City, State, Postal Code

Signature

Date