

CONSENT & DISCLOSURE FORM FOR PEMF (PULSE ELECTROMAGNETIC FIELD) SESSION

I understand that:

- The PEMF PERL M+ and other Resonant Light Technology products are ***not intended to diagnose, treat, cure, or prevent any disease.*** Although many specific PEMF frequencies are approved by the FDA for specific conditions, Resonant Light Technology PERL-M has not tested or validated the effectiveness of frequency sets. This Resonant Light device is listed as “general health and wellness device”.
- You understand that Resonant Light PERL-M+ is an unregulated healing approach and the extent of its risks and benefits are not fully known and you agree to ***assume and accept full responsibility for all risks associated with using Resonant Light PEMF devices.***
- We recommend consulting with your primary professional healthcare provider regarding your PEMF sessions and needs. PEMF sessions ***are not meant to replace sessions by established medical practices but to complement them.***
- LymphWorks practitioner will conduct Applied Kinesiology / Muscle Testing to ascertain the best PEMF program/s for your PEMF session. You have the right to request specific programs.
- Research, links, and information on the PEMF PERL M are available for review on the www.FortCollinsLymph-Massage.com website. By signing this agreement, you agree that LymphWorks has disclosed to you ***sufficient information to enable you to decide to undergo or forgo any of the approaches or services we offer.***
- All issues related to my session/s ***will be kept in confidence per the law.***
- You understand that ***your consent*** to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future.

CONTRAINDICATIONS & GENERAL CAUTIONS:

- ***Individuals with organ transplants, stem cell transplants, or those who need to suppress their immune systems should avoid the PERL M+, due to its immune boosting effects until they have a Doctor’s approval.***
- ***Do not use the device within 36 hours of administration of chemotherapy medications.***
- ***As a simple precaution, avoid using around anyone that is pregnant.***
- ***If the tube is being pulsed, be careful around someone that is subject to seizures. The pulsed light might set off one. Do NOT LOOK directly at the tube!***
- ***Refrain from touching the tube while it is lit. Do not be closer than 10 inches from the plasma tube.***
- ***Individuals using defibrillators or combination defibrillator/pacemakers should consult with the manufacturer before using the PERL M+ to ensure there will be no interference.***
- ***Individuals using pacemakers manufactured before 1992 should not use the PERL M+, due to the pacemaker’s inadequate frequency shielding.***
- ***Avoid using or storing a supply of liquid oxygen, either a bulk storage reservoir unit or a portable, refillable container within 20 feet (6 meters) of the PERL M+ device. This does not apply to "oxygen concentrators" which can be used closer to the device.***
- ***Wait until completing radiation therapy before using PEMF.***

LymphWorks, LLC
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CONSENT & DISCLOSURE FORM FOR PEMF (PULSE ELECTROMAGNETIC FIELD) SESSION CONTINUED

I agree to:

- Except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend any staff member from LymphWorks, LLC from and against any and all claims or liability, or whatsoever kind or nature, which you, or your representatives, may have to any loss, damage, injury, including without limitation, physical, emotional, mental, and financial or personal arising out of or in connection with your PEMF sessions.
- Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners.
- Take full responsibility for my own health care.
- Give consent to Carol J. McDaniel, LMT HTCP CRMP, Stacy Steinberg, CAEH or any other LymphWorks' therapist to conduct a PEMF Session.
- Pay the set rates associated with the PEMF session.
- CANCELLATION POLICY: If you must cancel a session, please cancel 24 hours prior to the start time of the session. If you do not, payment is required for the missed session as other clients would be unable to schedule in the appointment time we have reserved for you. (In the case of an emergency (e.g., serious illness) the fee for the late cancellation will be waived.)

Signature _____ **Date** _____

Name (please print) _____