

CLIENT CONSENT FOR Abdominal Therapy TECHNIQUE

The Colorado Natural Health Consumer Protection Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement. To be compliant, I must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for two years following your last session and give you a copy.

I _____, have received information regarding Abdominal Therapy Technique (ATT). ATT is an external manipulation that repositions internal organs that have shifted. This technique is best known for the correction of the prolapsed, fallen, or tilted uterus and for the prevention and treatment of benign prostate enlargement in men, and for relief of many common digestive disorders. I fully acknowledge and understand that this is accomplished through the use of contact, touch, pressure, use of castor oil and essential oils. It has been explained to me, that ATT is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner. These sessions are not meant for diagnosing or treating any physical or mental disease or condition. ATT services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

Megan Albert is a Healing Touch Practitioner, Certified in Ethnobotanist / Herbalist, Degree/ASS- Nutrition and is not a licensed physician. I have been informed that Megan Albert will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from ATT sessions that I receive. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Fees and Payment Fees charged for ATT is \$125.00. The session can range from 1 ½ hrs. to 2 hrs. Cash, Zelle, Venmo, and Credit Card (with an additional 3.5% charge added for Credit cards) are accepted for payments. At this time I do not file insurance claims. If you desire, I will give you a receipt if requested for you to submit to your Flex account., you can use your HAS/HRA/Flex cards as payment.

Confidentiality I have been informed that all client information and records provided during a ATT session will be kept confidential except under circumstances as detailed in Colorado Statutes or federal laws and regulations. Information may not be released to individuals or agencies without my signed authorization, except in those legal situations as noted. Practitioners are required by law to report, or cause to be reported, the threat of serious harm to self or others. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

I _____ authorize that material from this ATT session and or my anonymous confidential files may be discussed with an appropriate mentor for purpose of consultation, education, or support. All information will be handled professionally and confidentially. My questions have been answered to my satisfaction regarding my background and credentials, and what I might expect from this session. I have read this form and I understand and agree to the policies described herein. I give my consent to receive ATT from Megan Albert.

Expect in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless, Megan Albert from and against any and all claims or liability of what so ever kind or nature arising out of or in connection with my session(s).

Client Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____