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## **INFORMED CONSENT FOR ION CLEANSE IONIC FOOT BATH**

I am executing this informed consent document (“informed consent”) to verify and confirm my discussion with Provider regarding the risks, benefits, and alternatives to treatment through Ion Cleanse Ionic Foot Bath.

**I understand that I am a participant in the decision-making process and I am free to decline services or treatments at any time, including after treatment or services have begun. I understand that I may revoke this consent at any time before or during treatment.**

I agree to bring to the attention of practice’s clinical staff, if, at any time, I have any lack of understanding of such risks, benefits and alternatives, and inquire of clinical staff for further explanation until I have a full understanding before giving consent to this specific treatment or procedure.

### Ion Cleanse Ionic Foot Bath

#### **RISKS**

I understand that, as with any health treatment, Ion Cleanse Ionic Foot Bath is not without risk. Potential risks of this treatment include, but are not limited to:

- increase in symptoms related to detoxing faster than the body can handle
- mineral deficiency
- Felling tired, angry or panicky after a session

I understand that other side effects and risks may occur.

#### **BENEFITS**

I understand the thought process behind why Provider has suggested this particular treatment. I understand that, in general, Ion Cleanse Ionic Foot Bath may provide benefits that include: increase the body’s ability to detox, including heavy metals, herbicides and pesticides, other chemicals, mold toxins.

- Increased relaxation and calmness; improved sleep
- Reduced brain fog and improved general wellness

though no particular outcome can be warrantied or guaranteed.

#### **ALTERNATIVES**

As alternatives, Provider encourages me to speak with and consider the advice of other providers, including conventional or mainstream physicians and providers. In addition to discussing other modes of therapy that may be used for the treatment of my condition, Provider and I have discussed, and I understand, the possibility of a referral to a specialist for my condition(s) if I have not already consulted with an appropriate specialist.

I also understand that one alternative to this treatment is to refuse this particular treatment and to seek alternative treatments with Provider or Practice, or to refuse this particular treatment without seeking alternatives with Provider, Practice, or any other providers.

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NOTE: Do not sign this form unless you have read it and feel that you understand it. Ask any questions you might have before signing this form. Do not sign this form if you have taken medications which may impair your mental abilities or if you feel rushed or under pressure.

By signing below, I acknowledge and certify that I have had opportunities to ask questions and have had them answered to my satisfaction; I have read and fully understand the foregoing Informed Consent, and I have all of the knowledge I currently desire; I have discussed the issues noted above with Provider; and I agree and accept all of the terms above. I am legally competent and have sufficient knowledge to give voluntary and informed consent.

**PATIENT**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE (if legal representative or guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I have explained this Informed Consent and answered all questions in layman's terms, and informed the patient of the available alternatives and of the potential risks. To the best of my knowledge, the patient has been adequately informed, comprehends the information, and has consented.

**PRACTICE**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_