

Informed Consent

The procedures administered at Cleanse Colon Hydrotherapy by Cynthia Dwyer I-Act Certified Colon Hydrotherapist, are non-medical procedures. They are not intended to be a treatment, prescription or therapeutic or corrective measure for human ailments, symptoms or conditions of any kind. Only your licensed physician can provide medical treatments. This business does not engage in diagnosis, prescription or treatment of physical or mental human ailments or conditions of any kind. Any medical complaints or requests for diagnosis, prescription or treatment of human ailments should be referred to your licensed physician.

I _____ acknowledge that it is my responsibility to consult with my physician or other health care providers relating to any disease or condition that I may have.

I acknowledge that Cynthia Dwyer I-ACT Certified Colon Hydrotherapist, is not a medical doctor. I understand that Cynthia Dwyer may provide nutritional and other health related information to help me attain and maintain my best health. All suggestions are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits, and advanced nutrition.

I _____ understand that Cynthia Dwyer does NOT diagnose, treat, or claim to cure any illness or disease.

I _____ have been made aware of all contraindications for colon hydro-therapy and I am here on this day and any subsequent visits by my choice and solely on my own behalf. I hereby release and discharge Cynthia Dwyer from any and all claims which I ever had, now have or may have relating to or arising out of services provided or recommendations that I have received.

I _____ on this date _____ have read this informed consent, and I understand it. I am not a minor (under the age of 18). I understand the above Cancellation Policy and will abide by the charges if I miss an appointment without giving at least 24 hour notice. I am signing this release voluntarily.