

The Reflex Zone

Lori J. Breda, RP | thereflexzone@gmail.com | (267) 838-5819

Disclaimer & Consent Form

To the Clients of The Reflex Zone/Lori J. Breda:

You need to know that:

- I am not a massage therapist, chiropractor, or medical doctor.
- I do not practice medicine.
- I do not diagnose health conditions.
- I do not prescribe or adjust medications.
- Reflexology is a complementary therapy and is not a substitute for conventional medical care.

- ✓ By signing this form, I give my consent to receive reflexology.

- ✓ I understand that I may discontinue a session at any time.

- ✓ I understand that The Reflex Zone will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out therapy, obtaining payment, evaluating the quality of services provided, and any administrative operations related to therapy or payment.

- ✓ I understand that reflexology is not a substitute for medical advice and treatment.

- ✓ If I have been diagnosed by a licensed health care professional as having any disease, injury, or other physical or mental condition, I understand that I should inform the person who made the diagnosis about the reflexology sessions I will be receiving and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed, or recommended. I understand that by discontinuing any such treatment or therapy, I assume full responsibility for any negative outcome resulting from the discontinuation of that treatment or therapy.

Signature_____ Date_____

Print Client's Name_____

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Minor Consent Form

I, (*PRINT adult's name*) _____,

as parent or legal guardian of

(*PRINT child's name*) _____,

do hereby give consent to The Reflex Zone/Lori J. Breda

to perform reflexology on the above-named minor child.

I understand that I am to remain present during the entire session as an observer.

Signature of parent/legal guardian

Date