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Informed Consent Waiver: PEMF (Pulsed Electromagnetic Field) Treatment

*PEMF Overview*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sometimes referred to hereinafter as the “*Client*”), hereby request Pulsed Electromagnetic Field (“*PEMF*”) treatment. This treatment creates an adjustable pulsating magnetic field which serves to promote cellular regeneration and healing. This is done through the creation of a magnetic field which simulates the Earth’s magnetic pull and initiates cellular contraction and expansion in a manner which helps cellular re-energization and promotes circulation. PEMF therapy is currently FDA approved for the treatment of: (i) fractures; (ii) depression; and (iii) anxiety.

*Waiver & Consent*

I represent to VIP Therapy, and its members and agents, that I have either: (i) informed my primary care physician (“*PCP*”) of my desire to participate in PEMF therapy and have received the clearance and approval of my PCP; or (ii) have been presented with ample opportunity to obtain input from my PCP and am choosing to participate in PEMF treatment as a voluntary act made of my own freewill. I represent that VIP Therapy does not utilize PEMF treatment on persons: (i) with any implanted device (including, pacemaker, defibrillator, cochlear implant, deep brain or spinal stimulator, or any other joint or body implant, metallic or otherwise); (ii) with any active bleed or blood clot issues; (iii) that are pregnant; (iv) that have had an organ transplant within the last three (3) years; (v) that are under the age of 21; (vi) with a history of muscular contraction issues; (vii) with a history of epilepsy; (viii) on any other type of immunosuppression medication; or (ix) that are mentally incompetent. By electing to continue with any further treatment, therapy, or instruction, I warrant that I have not and do not suffer from any of the above-noted conditions and agree to hold VIP Therapy harmless for any associated adverse consequences of the PEMF treatment.

I acknowledge that all information, guidance, and input received by VIP Therapy relating to PEMF treatment is the mere opinion of VIP Therapy and not to be construed as any type of warranty, representation, or guarantee. I have further been presented with full opportunity to inquire and understand the aims, goals, and procedure of any continuing treatment with VIP Therapy. I agree that no medical or purported medical claims or promises of results are being made. I understand that individual results will vary. In the event that I experience any nausea, dizziness, pain, fatigue, or any discomfort during the session or after the treatment, I agree to immediately stop treatment, notify VIP Therapy of the discomfort, and report the same to my PCP.

*Treatment, Payment, & Insurance*

Before treatment, Client shall remove cell phones, car keys, credit cards, hearing aids, watches, and any other electronic or electro-sensitive device. The magnetic field emitted by a PEMF machine may damage or destroy electronic devices. Client acknowledges that VIP Therapy is not responsible for any damage that occurs to any items or technology that have not been placed for safekeeping prior to the treatment session.

VIP Therapy will bill Client for all services rendered. It is Client’s sole duty to be responsible for all amounts owed to VIP Therapy for any treatments provided. VIP Therapy will not bill, submit claims, or accept payment from any insurance company and the presence or involvement of an insurance company does not modify or affect Client’s obligations hereunder. Client has had ample opportunity to ask any questions and request additional time and/or information.

**AGREED TO AS OF :**

(*Date)*

**Client:**

Print Name

Signature

**VIP Therapy:**

By: Dr. Breanna Barney, PT, DPT, LMT, CDP, LSVTs