

Template from signwren.com. General information, not legal advice. Check your state's rules and adapt it before you use it.

This is a generic consent for wellness services and simpler treatments. It does not replace the procedure-specific consent a licensed medical provider, hospital or research study requires.

INFORMED CONSENT FOR TREATMENT OR SERVICE

Provider or practice: [Practice or business name]

Provider name and credentials: [Provider's full name, license or certification if any]

Address: [Practice address]

Phone: [phone] **Email:** [email]

Client name: [Client's full legal name]

Date of birth: [date]

Date of this consent: [date]

1. The service or treatment

I am being offered the following service or treatment: [Name of service].

What it involves, in plain words:

[Describe what will happen, how long it takes, how many sessions are expected, and what the client will feel or experience.]

2. Expected benefits

The possible benefits are: [Describe realistic benefits].

I understand that results vary from person to person and that no particular result has been promised or guaranteed.

3. Risks and discomforts

The reasonably foreseeable risks and discomforts include:

[List common risks, e.g. soreness, bruising, redness, temporary marks, dizziness]

Less common but more serious risks include:

[List, or write "None known to the provider"]

There may be risks that are not known or cannot be predicted.

4. Alternatives

Other options available to me include:

[List reasonable alternatives, e.g. a different technique, referral to a physician or other provider]

I may also choose not to have this service at all.

5. Before the service: my health

I have told the provider about my current health, medications, allergies, pregnancy (if applicable) and any condition that could make this service unsafe for me, including:

[Client lists relevant conditions, or writes "None"]

I will tell the provider before each session if my health changes.

☐ I have seen a physician about the condition I am seeking this service for, or ☐ I have chosen not to, and understand the provider has suggested I may want to.

6. Aftercare and when to seek help

After the service I should: [Aftercare instructions].

I should contact the provider if I notice: [Symptoms to report].

I should seek emergency care if I notice: [Symptoms that need urgent care].

7. Scope of practice

I understand that [Provider or practice] provides [type of service] and does not diagnose medical conditions or prescribe medication unless licensed to do so. This service is not a substitute for examination or treatment by a physician where one is needed.

8. Questions and my right to stop

The provider explained this service to me, and I had the chance to ask questions. My questions were answered to my satisfaction.

My consent is voluntary. I may withdraw it at any time, including during a session, by telling the provider. Withdrawing will not affect my ability to receive other services from this practice. I understand I am responsible for fees for services already provided, under the practice's payment policy.

9. Photos and records

☐ I agree that the provider may take before-and-after photos for my record only.

☐ I do not agree to photos.

Photos, if any, will not be used for marketing or shared publicly without my separate written permission. My records will be kept private and handled according to the law that applies to this practice.

10. Duration of this consent

This consent covers: ☐ this session only ☐ a course of [number] sessions ☐ ongoing sessions of this same service until I withdraw consent or the service changes significantly.

If the service, the technique or the risks change in a meaningful way, the provider will explain the change and ask for my consent again.

11. Nothing here waives my rights

This consent confirms that I understand and agree to the service described. It does not waive any legal rights I have, and it does not release the provider from responsibility for negligence.

12. General terms

This form is governed by the laws of [State]. If any part of it is found unenforceable, the rest remains in effect. The parties agree this form may be signed electronically and in counterparts, and an electronic signature has the same effect as a handwritten one.

Signatures

Client

Signature: _____

Name: [full name]

Date: [date]

Parent or Guardian (if the client is a minor)

Signature: _____

Name: [full name]

Date: [date]

If a legal representative other than a parent or guardian signs for the client, write their name and relationship here: [full name and relationship]

Provider

Signature: _____

Name: [full name]

Date: [date]

By signing, the provider confirms they explained the service, benefits, risks and alternatives described above and answered the client's questions.