

## COMMUNITY BOWEN THERAPY CONSENT FORM

I hereby request and consent to the performance of Community Bowen Therapy, by Anthony Tripi, Bowen Therapist. I do not and will not hold Anthony Tripi Bowen Therapist of Revivelifelife Clinic liable for negligence and/or malpractice during the course of my Bowen Therapy treatments as I am not requesting or receiving full naturopathic medical care.

I understand that any treatment or advice provided to me, by Anthony Tripi, is not being provided to me in the place of, or to the exclusion of, any other treatment or advice that I may now be receiving or, may in the future receive, from a physician, surgeon, or any other licensed health care provider. I also understand that treatment results for any condition are not guaranteed.

I further understand and am informed that, as in all health care, there are some very slight risks to treatment. I understand that I am encouraged to ask such questions I may have at any time and to advise Anthony Tripi, Bowen Therapist of any unusual symptoms which may or may not be associated with Bowen Therapy treatments.

I understand that Anthony Tripi, Bowen Therapist has a privacy policy that complies with regulations set out in the federal privacy legislation Personal Information Protection and Electronic Documents Act (PIPEDA) that applies to the collection, use and disclosure of my personal information. I understand that Anthony Tripi, Bowen Therapist is committed to protecting my personal information. I consent to collection, use and disclosure of my personal information, and I understand that I may request a copy of the privacy code and policy at any time.

I acknowledge that I am accepting or rejecting this care of my own free will. I understand that the ultimate responsibility for my health care is my own and that Anthony Tripi, Bowen Therapist is here to support me in these efforts. I understand that Anthony Tripi, Bowen Therapist reserves the right to discontinue Bowen Therapy treatments where it is apparent that my expectations and the type of services provided by Revivelifelife Clinic are not compatible, but will supply me with alternative options.

I understand that all fees for Bowen Therapy treatments are payable in full at the end of the appointment. I hereby agree to pay my account at the conclusion of each and every visit, unless I have signed a monthly or yearly agreement. I also understand that OHIP does not cover Bowen Therapy treatments and that Bowen Therapy may not be covered under Private medical insurance.

I am at least eighteen years old and I have read the above statement. I have had an opportunity to ask questions about its content, and by signing below, I agree to the performance of Bowen Therapy as mentioned above.

I intend for this consent to cover the entire course of treatment for my present condition and for future conditions, for which I may seek the services of Anthony Tripi, Bowen Therapist.

**OR**

I confirm that I am legally authorized to grant consent to have the patient treated by Anthony Tripi, Bowen Therapist.

### TO BE COMPLETED BY PATIENT OR LEGALLY AUTHORIZED GUARDIAN:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian

Dated this \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year