



Informed Consent Form

I, the undersigned, authorize Darlene Holloway, to administer Colon Hydrotherapy sessions. Darlene Holloway is not a physician and therefore is not qualified to diagnose or prescribe. I understand how Colon Hydrotherapy is performed and used, and I acknowledge the potential benefits and risks of Colon Hydrotherapy as described below.

COLON HYDROTHERAPY (or colonic) is a gentle purified water cleansing of the large intestine. The client lies on a massage table and, with a Colon Hydrotherapy instrument, purified and triple-filtered water is run very slowly into the colon by the practitioner. When slight pressure builds up in the colon, the practitioner reverses the water flow to empty. As the water and waste are flowing out through an illuminated glass viewing tube, the abdominal area is massaged. This process is repeated several times during the period of 45 - 50 minutes. **The Alternative Health Center uses a Colon Hydrotherapy system with single-use, disposable speculum and tubing. The Colon Hydrotherapist is always present in the room with the client during each session.**

COLON HYDROTHERAPY may be used to cleanse the colon by removing fecal material, gas and mucus. It may also be prescribed by a physician in preparation for the diagnostic study of the large intestine or for other conditions.

Possible contraindication are: severe cardiac disease, GI hemorrhage/perforation, carcinoma of the colon, recent colon surgery (within 6 months), and renal insufficiency. **If you have any of these conditions you must consult your physician first. Darlene Holloway will review your questionnaire at the first visit before you receive Colon Hydrotherapy to determine whether or not this procedure is appropriate for you.**

- I affirm that I understand the purpose and potential benefits of Colon Hydrotherapy.
- I understand and freely accept the potential risks of the procedure.
- An offer has been made to answer my questions about the procedure.
- I freely and voluntarily consent to the above procedure.
- I realize that no guarantee as to the results that may be obtained has been given to me by Darlene Holloway or the Alternative Health Center.
- I hereby release Darlene Holloway and the Alternative Health Center from any and all liability which may occur in connection with the above mentioned procedure.
- I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.
- I am not acting as an agent for any government, law office, or pharmaceutical company.

Signature of Client (or Guardian if under age 18):

Date _____