

Informed Consent & Release Form

The goal of all programs at Rasayana is to create within your body and mind an optimum environment for healing to take place and to maximize your body's ability to heal itself using the principles of Ayurveda, Yoga, and Therapeutic Massage. Our mission is to empower and educate clients to create and take ownership of their own health, such that you are energized, joyful and present to the beauty and magic of life.

The National Institute of Health Office of Complementary and Alternative Medicine currently considers Ayurveda and Massage Therapy as forms of complementary and alternative medicine in the United States. In the state of Massachusetts, Ayurveda is a non-licensed profession, but Massage Therapy is. By signing below, I acknowledge I am actively interested in learning about these approaches; their practices used to balance the physical body, mind and senses; and their views of health and wellness; and recognize that Rasayana is not a primary care medical clinic. Its practitioners are not medical doctors and do not diagnose, treat, or prescribe remedies for diseases, disorders, or other pathological conditions. If I have any active health disease or symptoms, I understand the Rasayana encourages me to have a regular medical checkup with a licensed medical professional of my choice, especially if the concern has taken the form of pathology. If I choose not to see a medical doctor, I will sign an acknowledgement that one was recommended to me. _____ (Initials) Furthermore, I understand that any medication that I am now taking or may take in the future is strictly based upon the directions of the my prescribing physician, and that only a licensed physician can advise a patient on medication dosages, or the choice to discontinue or resume taking medication.

Methods of treatment may include soft tissue and osseous manipulation, stretching, traction, thermal therapies, topical treatments, herbal medicine, exercise prescriptions, and diet and lifestyle counseling. I understand these therapies are all safe methods of treatment and potential risks include temporary nausea, bruising, burns, and soreness at the treatment site that may last a few days. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments. I understand that symptoms may recur or worsen temporarily within 24-48 hours of treatment, and that this is a normal part of the healing process known as law of cure. I understand that I can discuss risks and benefits further with my practitioner before signing if I so choose. However, I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment. I rely on the practitioner to exercise his or her judgment in my best interest during the course of treatment, based upon the facts then known.

I understand clinicians may perform general diagnostic procedures such as taking my pulse, blood pressure and other vital signs, and perform some examination techniques similar to a routine medical examination, and may be evaluating findings from an Ayurvedic viewpoint only, and not necessarily from a Western medical perspective.

As part of my Ayurvedic Assessment & Planning Session, Massage Therapy or Yoga instruction intake, I may be asked to answer questions or complete written forms that disclose private health information (PHI). I understand that these forms and the PHI they contain will be secured in a locked file cabinet in accordance with the Health Insurance Portability and Accountability Act (HIPAA) guidelines. Two years after the completion of my program or treatment at Rasayana, any forms containing PHI and my name or other identifying information will be destroyed.

I acknowledge that I have carefully read this form, fully understand that Rasayana is a limited liability company, and agree to release and discharge Rasayana, LLC and Kris Quinones, LMT, AHC, CYT from claims or cause of action from personal injury or property damage. My signature is binding from this day forth.

Signature _____ Date _____

Print Name _____