**Informed Consent of clients that want to be treated with the Health Navigator, Health Integrator or Bio-LaesEr**

**(Here collectively called HN-Devices)**

I have been informed that my Therapist

(Your business information here)

Is using HN-Devices as: (please circle only one)

A - Medical device

B - Wellness device that re-educates my mind and/or body

C - Spiritual healing device

I understand that in case of B or C any physical or energetic changes that occur during or after the therapy were neither intended nor could they be expected. I agree with the consensus of contemporary science that with the minute energies applied by HN-Products such changes can only be coincidental or the result of hyper-sensibility.

To exclude the possibility for the latter I confirm that I:

1. DO NOTSUFFER FROM ELECTROMAGNETIC SENSITIVITY
2. do not have a pacemaker
3. do not have any metal implants
4. am not pregnant
5. do not have an inflammation of the skin
6. do not have an eczema or a wound in the area of the electrodes
7. have not had or have a seizure disorder
8. do not suffer from long-lasting pains with unclear reason
9. do not have any other indications of a particular sensitivity to electromagnetic energy

And in case of therapy that involves a light applicator I confirm that I do not have:

1. allergy to sunlight or a lack of pigment,
2. been taking any drugs which increase the responsiveness of light
3. any inflammations
4. hyper function of thyroid
5. any urgent infectious disease
6. any other symptoms of light-hypersensitivity

Regarding all the above I was not confident to confirm myself, I have first consulted a qualified professional health practitioner for advice.

**Date Name Signature**