

# REJUVENATION HEALTH SERVICES



## Informed Consent

I, \_\_\_\_\_ hereby indemnify and hold harmless Rejuvenation Health Services, its owners, staff, agents, and all associates from all liability related to my attendance at that facility. This waiver covers all illness or injury sustained in any manner, except as directly caused by negligence on the part of Rejuvenation Health Services or its assigns. I have provided complete medical information to ensure treatment is carried out in a safe manner.

This waiver is executed effectively this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signed: \_\_\_\_\_  
Client Witness

## Medical Release and Consent

I, \_\_\_\_\_, being accepted for treatment as a client of Rejuvenation Health Services, do hereby consent to the release of all information which will be generated during the course of my treatment in the clinic to my designated representative, insurer, or lawyer, upon written request of my representative, insurer, or lawyer. To facilitate your treatment, other information may be released at the discretion of the attending therapist or owners of the clinic where treatment is being received. I also understand that the release of such information may be done from time to time, and that my consent to release such information shall continue unless otherwise indicated by me, in writing, to my service provider, a copy of which shall be provided to my representative, insurer, or lawyer.

Signed: \_\_\_\_\_  
Client Witness Date

I voluntarily CONSENT to receiving services from Rejuvenation Health Services personnel. I acknowledge that no guarantees have been made to me as to the results of the services. I have been given a clear explanation of treatment procedure, risks and benefits. Treatment received at Rejuvenation Health Services is not a substitute for medical care. This consent is effective until such time as I withdraw my consent in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **As a courtesy to all, please turn off your cell phones at the time of treatment**

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