

# INFORMED CONSENT

I fully understand and agree with the following:

- 1) I am aware that *we will be working with acupuncture points and bare feet.*
- 2) I may undergo a mild detoxification process and may experience possible side effects such as, but not limited to, mild headache, lethargy or cold-like symptoms, as my body heals itself. These side effects are through no fault of my own or that of Angela R. Wang, R.BIE. I will drink plenty of water (half my body weight in ounces) to aid in this healing process.
- 3) I am responsible for my own health, healing and well-being, and understand that *these affect my body's ability to heal itself and the efficacy of the BIE session.*
- 4) BIE is **not** a substitute for adequate medical care and I should remain under the care of my primary healthcare provider/allergist.
- 5) **Therapies involving electrical impulses are contraindicated for people with pacemakers, seizure disorders and pregnant women.** Should I have these conditions, I will fully advise Angela R. Wang, R.BIE so that the intervention may be revised to minimize any harm to me.
- 6) Each body is unique and it is possible these services may have no effect on me.
- 7) It is my choice to use the holistic healing services of Angela R. Wang, R.BIE to help me improve my health.
- 8) My identity and any information collected in this office will be held in the strictest confidence and viewed only by necessary staff, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time.

I acknowledge that I have read and understand this document.

I hereby release Angela R. Wang of any and all liability for my existing and future health issues and any non-disclosed health conditions.

I consent to allow Angela R. Wang to help me learn to heal myself using the natural healing techniques of the BIE modality.

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Client Name & Signature

Date

Parent/Guardian if under age 18, Relationship to Client \_\_\_\_\_