Adriana Costin Certified Light Therapist



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INFORMED CONSENT FOR LIGHT THERAPY

What is Light Therapy?

Polychromatic light therapy (PLT) or simply **light therapy** uses multiple wavelengths/colors of light to stimulate biological processes inside the body.

PLT is delivered through diodes (LED) pads placed on your body where the light can penetrate to different depths inside the tissue and be absorbed into cells producing energy for repair and regeneration, improving blood circulation - one of the vital components of the healing process. The InLight Polychromatic Light devices that we use are **cleared by the FDA as Class 2 medical devices**.

What to expect from a Light Therapy session?

The scope of my practice through the use of this Light Therapy system includes **temporary relief of pain**, **stiffness** and **muscle spasms** and to **temporarily increase local blood circulation** to improve the quality of life. You will feel a warm sensation on your body where the pad is placed. The most common side effects of light therapy include **headache**, **eye strain and nausea** especially for the people with a lower eye light threshold in general. To prevent that from happening, we provide special eye protection glasses with a shading rate of up to 90% that cause a darkening effect and block certain wavelengths of light.

Please answer the following questions:

_YES /	NO	Do you have a history of epilepsy?
_YES /	NO	Do you have an active carcinoma or malignant tissue?
_YES /	NO	Do you have any area of active hemorrhage or active bleeding?
_YES /	NO	Are you pregnant or breastfeeding?

If your answer to any of the two questions above is 'YES', you should not proceed with light therapy.

Light therapy is non-invasive. It is important to notify the practitioner if your medical history changes such as becoming pregnant or if you have been diagnosed with an unexpected medical condition.

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent.

CONSENT

I understand that the attending practitioner, Adriana Costin, is not a licensed doctor and does not portray herself as one, but is providing light therapy services. I understand that the service provided is intended to temporarily reduce pain and improve circulation. I fully understand that the attending practitioner, Adriana Costin, does not offer allopathic drugs, surgery, chemical stimulants or any other conventional treatments. In addition, Adriana Costin does not diagnose, treat or otherwise prescribe for my disease, conditions or illness, or perform any act that would constitute the practice of medicine for which a license is required. I have solicited this service in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do light therapy. By signing below I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask any questions with regard to the described procedures and that I hereby affirm: I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

Client's Signature	Client's Name	Date	
Phone #	E-mail address		

FOR PARENTS/GUARDIANS OF MINOR CLIENT

I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo light therapy.

Parent/Guardian's Signature	Minor's Name	Date