



Cancer Support Sonoma
Healing. Caring. Community.

Consent for Treatment

Please read and sign

I verify that all information I provide to Cancer Support Sonoma about my health is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, except that such information may be used by Cancer Support Sonoma for statistical analysis or scientific purposes.

I hereby give my consent to receive integrative health services (the “Services”) from Cancer Support Sonoma, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. I acknowledge that my receipt of the Services from Cancer Support Sonoma may result in injury. My decision to receive Services from Cancer Support Sonoma is voluntary, and I know of, understand and assume any and all the risks associated therewith.

In exchange for receiving Services from Cancer Support Sonoma I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless Cancer Support Sonoma, its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Cancer Support Sonoma, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys’ fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

I acknowledge that I have read, and understand, the release and indemnification provisions set forth in the preceding paragraph, and agree to such terms.

Client Signature

Date

I have been informed that the integrative medicine approach practiced by the professional care providers at Cancer Support Sonoma sometimes involves communication amongst the providers so that they may work collaboratively towards the goal of improving my quality of life. For this reason, I give my permission for the providers at Cancer Support Sonoma to have access to my clinic records and to communicate with each other about my progress, any barriers and how they can work collaboratively with me to support my comfort and well-being.

Client Signature

Date