



BREAST TISSUE EXPOSURE – INFORMED CONSENT AGREEMENT

Name: _____

I understand that by signing this form that I am choosing to proceed with the treatment and /or treatment plan proposed at this time, and I am requesting to do so with my breast tissue exposed. The reason I am requesting this is: _____. I understand that I may change my mind or refuse treatment, at any time during this, or any other, treatment. I further understand that I will have to sign this form for each and every session that I request to have my breast tissue exposed. This completed form will be kept in my client file held by Fusion Bodywork LLC. This form is in compliance with Utah Code 58-47B-501, as well as Utah Rule R156-47B-502.

- I have requested to receive bodywork with my breast tissue exposed.
- I understand that the tissue of my breasts will not be touched during the bodywork.
- I have had all of my questions regarding this treatment answered by my therapist.
- I understand that I can alter or rescind my consent at any time during this or any treatment.
- I am voluntarily giving my consent for the treatment and/or treatment plan as discussed with me.

Client Signature

Date