



## CONSENT TO TREATMENT AND TOUCH

I \_\_\_\_\_ do hereby consent, authorize and request Dr. Giammatteo and/or therapist to administer such treatment deemed advisable, necessary or requested.

Touch Description: Treatments will involve a gentle placement of hands on or above the person's fully clothed body. This may include light physical touch or sweeping hand motion above the body. Placements of hands may be in any and all parts of body depending on the medical condition of the patient. This may include but are not limited to breast region, groin region and buttocks.

I agree to hold doctor and/or therapist free and harmless from any claims, suits for damages or complications which may result from such treatment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_