

**General Informed Consent**  
*Vibrant Health Imaging, LLC*

Please read the following and sign below.

I understand:

- *Vibrant Health Imaging, LLC* and it's staff of certified thermographers will use **Digital Infrared Thermal Imaging (DITI)** to take images of specified region(s) of my body as requested.
- these images may identify abnormal heat patterns indicating objectively the body's response to pain and dysfunction and may require further investigation.
- my images will be interpreted by the medical staff at **Electronic Medical Interpretation (EMI) Inc.** (thermology group). The Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment and NOT intended for self-evaluation or self-diagnosis.
- DITI is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.
- the Report will not tell me whether I have any illness, disease or condition, but will be an analysis of the images with respect only to the thermographic findings of the areas discussed in the Report.
- **DITI** is not a replacement for any anatomical imaging (mammogram/ultrasound/MRI).
- I am responsible for my own decisions regarding my health, wellness and nutrition. Therefore I hold *Vibrant Health Imaging LLC* harmless as to the results and interpretations resulting from this process.
- *Vibrant Health Imaging, LLC* will keep all information shared by me completely confidential unless I provide a release in writing or as required by law (HIPAA).
- any recommendations made by *Vibrant Health Imaging, LLC* during this consult are intended to assist with determining an optimal holistic plan of care for the client and are for educational purposes only. All responsibility for final decisions and actions related to specific aspects of self-care and medical care shall remain the obligation of the the client and my wellness care team.
- Nothing in this consultation shall be deemed to constitute the providing of medical care or the diagnosis of any medical condition.

**Acknowledgement**

By signing below I certify that I have read and understand the statements above and consent to the examination.

<i>Name</i> (please print)	<i>Date of Birth</i>
<i>Client Signature or name, if other than client</i>	<i>Relationship to client</i>
	<i>Today's date</i>