



GENERAL CONSENT

This GENERAL CONSENT (“**Consent**”) applies to services provided by SAT Institute, P.C., an Illinois professional corporation, (“**SAT Institute**”) through its physicians, other healthcare professionals, employees, independent contractors, agents, and associates (collectively, the “**SAT Personnel**”).

I. GENERAL CONSENTS AND ACKNOWLEDGMENTS

- A. **CONSENT TO AND ACKNOWLEDGEMENT OF SPECIFIC RISKS RELATED TO THE USE OF THE SELF-ACTIVATION TECHNIQUE.** Developed in South Africa in the 1990s, the Self Activation Technique (the “**Technique**”) uses a combination of focused breathing and specific pressure points to release muscle tension and “reset” your body to its peak functioning state. I acknowledge and understand that while the value of the Technique has been recognized by numerous recipients, it is still considered a nonstandard, alternative treatment by the medical community. Like any treatment, the Technique has certain inherent risks, complications, and/or side-effects including, but not limited to, pain, bruising, abrasions, and fractures. Further, it is common for the stimulation of pressure points to be sharp and painful. You may also feel warm as your body releases pent-up tensions as thermal energy.

I acknowledge that I have been informed by the SAT Personnel of these and other possible risks, complications and/or side-effects related to the Technique, and have had all of my questions answered prior to executing this Consent. I understand that part of the risk involved with the Technique is relative to my state of fitness or health and to the awareness, care, and skill with which I conduct myself while participating in the Technique. As such, I hereby represent and warrant that I have disclosed any and all of my known ailments, physical conditions, and ongoing treatments to the relevant SAT Personnel prior to seeking treatment. I further acknowledge and agree that individuals, who may or may not be licensed and/or a certified by the State of Illinois, may perform, conduct, or assist with the Technique from time to time.

Further, I acknowledge that, as with any health treatment, there is no guarantee that I will obtain satisfactory results. If I am being treated for a medical condition, or have symptoms which suggest a medical condition may be present, I have been informed and agree that it is in my best interest to discuss the use of all potential alternative methods including the Technique with my treating physician, primary care physician, and/or other appropriate specialists before, as well as, during the course of my treatments. I understand and acknowledge that the use of this Technique does not preclude me from using other treatments, and agree to inform any other healthcare providers with whom I have a current treatment relationship about my use of the Technique.

I hereby consent to the use of the Technique by SAT Personnel and certify that I understand the nature of this treatment, the inherent risks associated with this treatment, as well as the choices I may have about other approaches, and I voluntarily accept such risks. Further, I am aware that I can withdraw this consent and stop treatment with the Technique at anytime.

- B. **AUTHORITY TO CONSENT.** I acknowledge and represent that I am competent, of lawful age, and have the requisite authority to execute this Consent either on behalf of myself or on behalf of a minor as his/her parent and/or legal guardian.
- C. **ACKNOWLEDGMENT OF EDUCATIONAL MISSION.** I understand and agree that my care may be provided in a teaching environment and that physicians, nurses, physical therapists, athletic trainers and other healthcare professionals in training may be involved in and/or observe my care and treatment. I also understand and agree that my health information (as that term is defined below) may be used within SAT Institute and released outside SAT Institute for research and teaching purposes in accordance with the law.

II. HEALTH INFORMATION

- A. **RECORDING OF MEDICAL AND OTHER INFORMATION.** I understand that SAT Institute may obtain, record, and/or retain medical and other information related to my diagnosis, care, and treatment (collectively referred to as “**my health information**”) in written, electronic, video, photographic, audio, and other forms. I consent to production and internal use by SAT Institute of any written material, videotape, photographs, audio records and other images containing my health information for education, treatment, and healthcare operations.
- B. **TREATMENT AND CONTINUITY OF CARE.** As applicable, and when my consent is required by law, I consent to SAT Institute’s contacting or sharing my health information with other healthcare providers, including, but not limited to physicians or other healthcare professionals not associated with SAT Institute, hospitals, and pharmacies for treatment and healthcare operation purposes.

