Sana Luna Acupressure Informed Consent

I, the undersigned, hereby voluntarily consent to receive treatment through acupressure and/or Sana Luna skincare administered by the acupressure specialist named below.

I understand that acupressure involves soft tissue manipulation, where various tools are used to apply pressure to specific meridian points on the body. This technique is intended to promote healing by stimulating these points, aiding in scar tissue removal, wound healing, and pain relief.

I acknowledge that, although rare, some side effects may occur from acupressure, such as bruising, mild pain, or discomfort.

I understand and accept that no guarantees can be made regarding the results of acupressure treatments.

I am aware that I have the right to discontinue treatment at any time.

I also recognize that the evaluation provided during the treatment is an energetic assessment of the acupressure meridian network. This evaluation does not replace a medical examination or diagnosis by a licensed healthcare provider. During the evaluation, references may be made to the state of various "organs" (e.g., heart, liver, spleen, kidneys), which refer to energetic channels rather than their physical counterparts.

I understand that the practitioner is not a licensed medical doctor and does not provide medical diagnoses or advise on the use of pharmaceuticals or medical treatments. Additionally, the practitioner does not administer any injections.

I consent to the use of de-identified clinical data for research and educational purposes.

By signing below, I acknowledge that I have read, or have had read to me, the above consent form. I have been informed of the risks and benefits of acupressure and related procedures, and I have had the opportunity to ask any questions. I intend this consent to cover the entirety of my treatment for my current condition and for any future conditions for which I seek treatment.

Signature:
Date:
Caren Rodriguez Huerta
Certified Acupressure Specialist