

INFORMED CONSENT FOR LYMPHATIC BREAST CARE

My healthcare practitioner has explained the purpose of lymphatic drainage of the breast and has answered all my questions.

I understand I may choose to bring or decline to provide a witness during the session, in addition to myself as the client and the LMT. (OAR 334-10-0028 (1)(c)).

I understand that the LMT will use appropriate draping techniques at all times. Any temporary exposure of the breast will be for purposes of appropriate treatment only. Immediately following treatment of the area, the breast area will be covered again. (OAR 334-10-0028 (2)).

I understand the nature of the treatment and I give permission to **Bonnie M. Plant, LMT**, to perform Lymphatic Breast Care.

I understand that I am encouraged to give feedback to the therapist, and may discontinue the session at any time, without questions asked, by verbally informing the health care practitioner.

_____ (client name-PRINT)

_____ (client signature)

_____ (date/place)

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