

Informed Consent Agreement for Biological Terrain Assessment

Background. Biological Terrain Assessment is the clinical monitoring of the internal biochemical environment of the body to gain an in-depth understanding of the “elements” within the patient’s chemistry. This assessment assists the practitioner in uncovering the underlying cause or causes of the patients’ imbalance or dysfunction, rather than treating symptoms.

Procedures. The BTA device tests samples of blood, saliva, and urine for the factors of pH (acid/alkaline balance), rH2 (oxidative stress), and resistivity (“r”, the gross mineral concentration of the fluid). A practitioner has the option of using the predict blood feature if for some reason drawing a blood sample is not possible. The BTA test is about a ten-minute procedure performed in the practitioner’s office.

Risks. There is no risk associated with BTA testing. The patient supplies a sample of urine; a sample of saliva, and the practitioner either performs a venous blood draw or uses the “predict blood” feature in the software.

Questions. Your technician will answer any questions about BTA testing that you may have. Please do not hesitate to ask any questions regarding your BTA test.

Free to Decline. You are free to decline BTA testing, or to withdraw consent and to discontinue participation.

Important. Although BTA testing is performed worldwide and is an established procedure, there is no recognized body of scientific evidence to show that a person with a balanced biological terrain will necessarily be healthier, and you have chosen to participate in this assessment with that understanding.

Payment for Services. You are responsible for the payment of the normal and necessary fees associated with BTA testing and any remedies, supplements or herbals recommended as a result of that testing, if purchased in this clinic. Your physician may need to use other forms of testing in the course of your treatment.

I have read and understood the above information about Biological Terrain Assessment and my rights and responsibilities and hereby consent to the use of the BTA device. I consent to the use of clinical reports and results of my case for study and for the purpose of advancing clinical knowledge and for research and scientific purposes provided that my identity is kept confidential.

Name _____ Date _____
(Please print)

Signature _____

Signature of parent or guardian if patient is a minor _____

Witness _____ Date _____