



200 Fourth Street, Suite A, Petaluma, CA 94952

Phone and Fax 707.778.2212

E-mail [epiphany@sonic.net](mailto:epiphany@sonic.net) [www.PetalumaHealingArts.com](http://www.PetalumaHealingArts.com)

# State Guidelines

## State of California Guidelines

Notice Designed to Comply with the State of California Guidelines in The Business and Professions Code of the State of California - Section 2053.6

— All clients must read, understand and sign this disclosure. —

Colon Hydrotherapy services provided in this office or center comply with Section 2053.6 to the Business and Professions Code of the State of California. In compliance with this code, you must be advised:

- A) There are no licensed physicians in this office and the individual performing colon hydrotherapy is only a colon hydrotherapist — they are not a physician. This means and implies that they cannot and will not:
1. Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
  2. Administer or prescribe X-ray radiation to another person.
  3. Recommend the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
  4. Prescribe or administer legend drugs or controlled substances to another person.
  5. Willfully diagnose and treat a physical or mental condition of any person under circumstances or conditions that cause or create a risk of great bodily harm, serious physical or mental illness, or death.
  6. Set fractures.
  7. Treat lacerations or abrasions through electrotherapy.
  8. Hold out, state, indicate, advertise, or imply to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.
- B) Colon Hydrotherapy is alternative or complementary to healing arts services licensed by the state.
- C) The services of colon hydrotherapy and the Hydrotherapist that provides the service are not licensed by the state.
- D) The session of colon hydrotherapy includes the following procedures:
1. The client will insert and retract the speculum.
  2. Warm (temperature and pressure controlled water will flow into the colon softening the fecal material which will be released through normal peristalsis, through a closed tube, into the sewer.
  3. Your dignity and modesty will be maintained at all times.
  4. The session will last approximately 60 minutes.
- E) The theory of treatment upon which colon hydrotherapy is more historical and intuitive than scientific as there have not been any studies to validate the effectiveness of this modality. However, many cultures and societies believe that a clean colon can enhance the health of the individual. This standard started thousands of years ago with the simple enema and has evolved into the present day colonic. Many people simply report that they feel better after a colonic. On the other hand, there is a growing number of health care practitioners that believe in the concept of auto-intoxication, that a sluggish bowel (one that is not regular) allows the body to reabsorb toxin from the colon. This theory may or may not have validity depending on who you are listening to, but we know there is an increased level of toxins in our environment and common sense tells us that anything we can do to assist the body in ridding itself of toxins should have some value.
- F) I, Grace Kingsley, have been trained by an accredited I-ACT School, and follow the I-ACT Guidelines. I am currently certified by I-ACT at the ADVANCED LEVEL and have been in practice since March 2000. You may validate this information by checking with the I-ACT office at (210) 366-2888, or go to the I-ACT web site at [www.i-act.org](http://www.i-act.org) and check the referral section.

I acknowledge that I have read the above disclosure and have been given a copy of this document if requested. This information was provided to me in a language that I can read and understand. By signing the this document I state that I have seen my primary care physician and my rectum is free of obstructions, and that I give permission to the therapist to assist with my speculum insertion when I am unable to insert on my own.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Legible Printed Name of Client