



STAY IN. WORKOUT.

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## PRIVACY WAIVER

As one of our clients, we hold both your health and your privacy in the highest esteem. We ask your permission to confer with other members of your health care team, as well as with other practitioners who we feel may be of assistance.

We also ask your permission to thank those who have referred you to our company.

If there is anyone you are currently aware of that you would like us to not to contact, please list their names in the area provided below. We will use our professional discretion to protect your privacy, while ensuring that you have the best opportunities for wellness that we can provide.

I do not want the following individuals to be contacted:

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Witness Name (please print)

