

Health & Wellness Personal Information Consent Form

Summit Health & Wellness is committed to protecting the privacy of its clients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that Summit Health & Wellness collects, uses and discloses. In addition to the circumstances described in this form, Summit Health & Wellness also collects, uses and discloses personal information when permitted or required by law.

Summit Health & Wellness collects information from clients such as names, home addresses, home telephone numbers, and e-mail addresses, collectively referred to as "Contact Information".

Contact Information is collected and used for the following purposes:

- to open and update client files. To invoice clients for nutritional and Reiki services and to process credit card payments. To send clients informational material provided during the Health & Wellness session.
- contact information is disclosed to third party health benefit providers and insurance companies where the client has submitted a claim for reimbursement.

Summit Health & Wellness collects information from its clients about their health history, their family health history and physical condition, collectively referred to as "Medical Information". Client's Medical Information is collected and used for the purpose of identifying any body systems imbalances and providing nutritional/Reiki guidance for improving client's overall well-being.

Clients' Medical Information can be disclosed to:

- health providers at client's request.
- alternative health care providers if the client, with their consent, has been referred by Summit Health & Wellness to other providers for their services.
- health providers, where those providers have asked Summit Health & Wellness, with the consent of the client, to provide its services.

I consent to the collection, use and disclosure of my personal information as set out above.

First & Last Name:

Signature:

Date: _____