

Client Consent for the Purposes of Treatment, Payment and Health Care Operations

I _____ give consent to Ryan Witholt LMT, DBA Therapeutic Bodywork
for the use and disclosure of my Protected Health Information (PHI) for the specific purposes of providing treatment
to me, receiving payment for services rendered to me and for general administrative operations of the practice.

I understand that I have the right to request restrictions on the use and disclosure of my PHI, but the practice is not
required to agree to these restrictions. If the practice agrees with my restrictions, the restriction is binding on the practice.

You may contact me for appointment reminders, schedule changes, or other needs by the following methods (fill in
only those methods by which you desire to be contacted):

Home Telephone: _____

Work Telephone: _____

Cell Phone: _____

e-mail: _____

Home Address: _____

Work Address: _____

City: _____

City: _____

State/Province: _____ Postal Code: _____

State/Province: _____ Postal Code: _____

Country: _____

Country: _____

Marketing: Occasionally we send out newsletters, announcements and special occasion cards. If you do not wish
to receive these, please check here:

I have received a copy of the Privacy Policies Notice. I have read the Notice and understand this authorization
form. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities
to obtain treatment, nor will it affect my eligibility for benefits. I also understand that I may revoke this authorization
at any time by notifying the practitioner in writing.

Signature

Date

Print Name (Client or Personal Representative): _____

Relationship to Client and Description of Representative's Authority: _____