

Agile Body Structural Integration - Health Information Releases

- I authorize Kirstin Schumaker, LMT to provide information regarding my illness/accident/injury to my physician or other licensed health care provider for purposes of my treatment.
- I authorize other healthcare professionals to provide information regarding my illness/accident/injury to Kirstin Schumaker, LMT for purpose of my treatment.

Signature

Printed name

Date

(This authorized release expires 2 years from date of signature)