Naturalistic Health Options, LLC

Lifestyle
Exercise
Attitude
Nutrition

Body Balancing
~PH ~Hormone ~Mineral ~Immune

Authorization for the Release and/or Discussion of Protected Health Information

I,_____, hereby authorize Naturalistic Health Options, employees, affiliates, partners, permission to review my lab results. I also grant permission to said person(s) or organization(s) to email/or mail my results to myself and the person(s) or organization(s) that will be consulting me about my results and offering advice.

I, _____, understand that the laboratory test results and the comprehensive report that follows should not be construed as diagnostic. The analysis is provided only as an additional source of information.

I understand that these statements, lab tests, products, supplements, have not been evaluated by the Food and Drug Administration. These lab tests, products, supplements, and suggestions are not intended to diagnose, treat, cure, or prevent disease.

Signed_____ Relationship _____ Date___/___/___

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