

Release of Information

Name: _____ Date of Birth: _____

Release of Information:

- I authorize the release of information: NES Scan Results, Recommendations, Therapy History, Supplements, Intake Forms, Status, Assessments, Questionnaires, NES Health Portal.

- This information may be released to:

- _____
- _____
- _____
- _____

- I DO NOT authorize release of information or access to NES Portal.

This Release of Information will remain in effect until terminated in writing.

Signed: _____ Date: _____

Witness: _____