



Client & Practitioner's Ninth Amendment Declaration Form

OnPoint Health and Wellness LLC

ARTICLE IX, U.S. CONSTITUTION

"The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage other retained by the People"

Under the Ninth Amendment to the Constitution of the United States of America, I (client's initials) [redacted] retain the right to freedom of choice in health care and educational services. This includes the right to choose my diet, and to obtain, purchase and use any therapy, regimen, modality, remedy, or product recommended by the therapist, doctor or any practitioner of my choice.

The enumeration in this declaration of these writes shall not be construed to deny or disparage other rights retained be me, or my right to amend this declaration at any time.

CONSTRUCTIVE Notice

Notice is hereby given to any person who receives a copy of this Declaration and who, acting under the color of law, intentionally interferes with the free exercise of the rights retained by me under the Ninth Amendment, as enumerated in this Declaration, that they may be in violation of my civil and constitution rights, Title 42, U.S.C. 1983 et seq. and Title 18, Section 241.

OnPoint Health and Wellness, represented by Jennifer Kaye Nichols, CBP, ACI, has chosen to remain a non-covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that went into effect in October, 2002. Participation would mean that dozens of government agencies would have virtually unlimited access to you, the client, your private records without your consent.

Therefore, your records will be released only with your written consent, or if required by law under court of order. This office will not file electronic insurance claims. You may file your own claim and this office will provide you with any documentation you may need to do so.

This signature is an acknowledgement that you have received, read, and understand this notice of the Ninth Amendment Declaration Form and are giving permission to proceed with your personal health care needs.

Signed by: _____
Signature of Patient or Legal Guardian

Relationship to Patient

Print Patient's Name

Date

Print Name of Legal Guardian, if applicable