

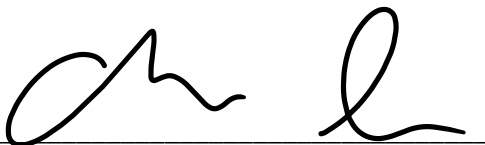
AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

By signing below, I hereby authorize and permit Christopher Smith and its agents, employees and representatives (collectively, the "Health Care Provider") to film, record and photograph by audio and video my sessions, whether they are online or in-person (the "Recordings").

I further authorize the Health Care Provider to disclose, display, publicly perform these Recordings (which includes my name, image, likeness, appearance, and voice as they appear in the Recordings) to The Relational Life Institute and its faculty, agents, employees and representatives (collectively, "RLI") for RLI's faculty to provide feedback on the sessions to the Health Care Provider for training purposes. I understand that RLI may receive remuneration as part of its observation and feedback on the Recordings. Health Care Provider shall maintain and will obligate RLI to maintain the confidentiality of the health information. I acknowledge that any use and/or disclosure of the Recordings will be without my further consent or any royalty, payment, or other compensation to me. I understand that I have the right to revoke this authorization at any time, prior to use or disclosure by the Health Care Provider to RLI for such purposes, and except otherwise where uses or disclosures have already been made in reliance on this authorization. In order to effect this revocation I must do so in writing and send it by email to chsmith8094@gmail.com. This authorization shall terminate 12 months from the date of the Recordings unless revoked prior to such date.

I understand that uses and disclosures already made based upon my original authorization cannot be taken back. Even if this authorization is revoked, I agree that the Health Care Provider is and will be the sole and exclusive owner of all right, title, and interest in and to the Recordings, including all copyrights and other intellectual property rights therein, in perpetuity. I understand that my treatment is not conditioned upon my signing this authorization and that I have the right to refuse to sign this authorization without giving any reason. I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AUTHORIZATION.



Christopher Smith

Client

Client