



DR LORI PUSKAR

Nutritional Medicine Specialist

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PRIVACY POLICY & HIPPA STATEMENT PERMISSION & AUTHORIZATION FORM

I specifically authorize Lori Puskar, DC to perform the necessary exams required by the FL Dept of Health and this facility in order to create a natural health improvement program for me (which may include but is not limited to chiropractic adjustments, dietary/lifestyle guidelines, nutritional supplements, etc.) in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that these procedures are **safe, non-invasive, natural methods** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalances in these areas could cause or contribute to various health problems.

I understand that these procedures are not a method for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of this analysis or any natural health, nutritional or dietary programs recommended, but rather I understand that these are means by which the body's natural responses can be used as an aid in determining possible imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I have read and understand the foregoing.

I have also read, understand and agree to Dr. Puskar's **Privacy Policy & HIPPA Statement and Disclaimer at: <https://drloripuskar.com/disclaimer-privacy-terms-1>.**

This form applies to this and any/all future transactions.

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Sign

Date