



Proxy Consent Form

We ask for information about the requestor and the client. If the requestor is not the client, the client is required to submit a Proxy Consent Form. If the client is *not 18 years of age*, the requestor is required to submit a Proxy Consent Form on behalf of the client.

The box or boxes below that apply must be checked and the form must be signed by the client. In doing so, you are acknowledging: I am hereby consenting to the person below to act on my behalf and perform all of the actions listed:

Communicate with wellness advocates at the Web site and provide them with any and all information including medical records or test results that may be instrumental for recommending wellness treatment for condition, symptom and/or diagnosis to use services provided through this Web site.

Be consulted by the wellness advocates made available through this Web site on my behalf.

Receive any disclosures in any format related to my health or payment for services provided through this Web site.

Other

I hereby acknowledge that I have given this consent of my own free will. This consent expires one year from the date signed. I can revoke this consent at any time (but not as to information that was released prior to the revocation) by contacting info@4dynamicliving.com in writing.

Note: Up to two people can be named as Proxy to the requesting client on one form.

Print Name of 1st Person to be named as Proxy

Relationship to Client

Print Name of 2nd Person to be named as Proxy

Relationship to Client

Print Name of Client/Legal Guardian*

Signature of Client/Legal Guardian*

Important: Two people, other than the Client and designated Proxy must sign & date below acknowledging they witnessed the Client signing this form, if other than parent of Client.

Witness Print Name

Signature of Witness Date

Witness Print Name

Signature of Witness Date