

## Dutrifitness Consent Form

### Consent to the Collection, Use and Disclosure of Personal Health Information

*Note to client: We want your informed consent. We want you to understand what we do with the personal health information we collect about you. Please ensure that you have read and understood our written statement, "Our Privacy Commitment to You". If you have any questions, please ask.*

I, \_\_\_\_\_, understand that to provide me with health and fitness coaching, Dutrifitness will collect personal information about me (e.g., birth date, home contact information, health history, etc.).

I have reviewed the Dutrifitness' written statement on the collection, use and disclosure of personal health information. I understand how the written statement applies to me. I have been given a chance to ask questions about Dutrifitness' privacy policies and they have been answered to my satisfaction.

I understand that the Dutrifitness will only collect, use or disclose my personal health information with my express or implied consent, unless a collection, use or disclosure without consent is permitted or required by law.

I authorize Dutrifitness to collect, use and disclose my personal health information for the following purposes (*indicate your consent by checking the applicable box(es)*):

- To fundraise for the organization
- To notify me of new services or goods available at the Dutrifitness
- To notify me of special events and opportunities at the Dutrifitness (e.g. a seminar or conference)

I understand that I can withdraw my consent at any time by contacting: Jacqueline Dupuis

I agree to Dutrifitness collecting, using and disclosing personal health information about me as set out above and in the written statement.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_