

Fitzy Health & Wellness

Ashley Fitzgerald

Certified Rolfer®

Client Consent Form

I have read the Notice of Privacy Practices for (Fitzy Health & Wellness) and agree to the policies there explained pertaining to their use of, my rights over and my access to my Protected Health Information, or PHI.

Signature of Client or Legal Guardian

Print Client's Name Date _____

Print Name of Legal Guardian, if applicable
