



Appendix 1

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____ (*Client name*), authorize _____ (*Laboratory name*)

to disclose my personal health information consisting of:

(*Blood work*)

to _____
(*Print name and address of Metabolic Balance Coach®*)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

Name

Address

Phone number

E-Mail

Signature

Date

Witness Name

Witness Signature