

TRUE BLUE HEALTH & WELLNESS

True Blue Health & Wellness is a broker of health services dedicated to improving the health and wellness of individuals, organization and communities. Through its healthcare partners True Blue Health & Wellness offers a variety of healthcare screenings, tests, and services. In order to provide the requested services, True Blue Health & Wellness request to obtain certain consents. By affixing my signature and clicking "Submit" you understand and acknowledge the following:

Authorize the Release of Protected Health Information (PHI)

At my request, I authorize True Blue Health & Wellness to share any PHI provided in my questionnaire or subsequently provided by me with its subsidiaries, affiliates, employees, agents and subcontractors. The purpose of the release is solely to provide the services requested and to obtain reimbursements related to the services requested. This release is for any medical or psychiatric conditions, alcohol or drug related condition and records concerning diagnosis and treatment.

I understand that:

1. This authorization shall become invalid and expire one year from the date of signature, unless specifically indicated by the patient
2. Information disclosed in accordance with this authorization may be disclosed by the recipient and that such disclosure may no longer be protected by federal privacy regulations.
3. This authorization is voluntary and that the provider cannot condition benefits, treatment, enrollment or payment of claims on the signing of this authorization.
4. I have the right to revoke this authorization in writing to the address below at any time except to the extent that action has been taken.

True Blue Health & Wellness,
509 W Old Northwest Highway Suite 100C
Barrington, IL 60010

I state that I am over the age of 18. If the services are requested for an individual other than me I state that I am either the parent of the minor or the individual's personal representative. You should print and retain a copy of this authorization for your records. An electronic copy will be maintained and can be requested by email a request to the following genetics@truebluehw.com.

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator complete the following and submit to the email, info@truebluehw.com, a copy of the legal documents.

Personal Representative's Name

Relationship to Individual

Personal Representative's Address

Phone Number

Client Signature

Date