



SHAWNDA SMITH
CERTIFIED PERSONAL TRAINER

613.438.6291
shawnda@getkinectedfitness.com

PERMISSION TO DISCUSS CONFIDENTIAL HEALTH INFORMATION

Client Name:
Date of Birth:

I give permission to GET KINECTED FITNESS, Shawnda Smith, to discuss the following medical and appointment information about me (check all circles that apply):

- Scheduling/appointment information
Medical information including symptoms, diagnosis, medication and treatment plan
Lab and Test Results
Other

Shawnda Smith at GET KINECTED FITNESS has my permission to discuss this information with the following people:

Name: Phone: Relationship:

I understand that I may cancel this permission at any time, but that cancelling it will not affect any information that has already been released.

I understand that I do not have to sign this form, and that I should only sign it if I want Shawnda Smith to share my information with someone.

Printed Name Signature
Witness Signature Date