

PERSONAL RECORDS RELEASE

Date: _____

To: Julie Formby at New Vitality, LLC

I, _____ give Julie Formby, Master Herbalist, permission to share my confidential client information including iridology photos, past herbal programs, Reams analysis reports, client forms, etc. with _____.

Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

I am a legal guardian to a minor and accept responsibility for this consultation. My signature acknowledges that I have read and understand all of the above information.

Guardian's Signature _____

Minor's Printed Name _____