



re:fit, inc.
910 Waukegan Road
Glenview, IL 60025

(p) 847.657.0881
(f) 847.657.0882

Release of Information

I hereby authorize re:fit, inc. to release to my insurance companies, employer insurance groups, health plans, Medicaid/Medicare program, or any intermediaries, or physicians in connection with a program of physical exercise, which may include pilates exercise, physical therapy, aerobic exercise, massage therapy, yoga and/or weight and resistance training (the "Program"), and any billing or collection agents of re:fit, inc., any medical or financial records or other information concerning the Program to obtain reimbursement on mine or re:fit, inc.'s behalf for the services provided to me by re:fit, inc. and the physicians associated with the Program. Further, I authorize re:fit, inc. to release any medical information concerning the Program to physicians and clinicians associated with the Program who are my healthcare providers. I may revoke my authorization and consent at any time for any reason providing written notice to re:fit, inc. This authorization shall not conflict with any internal policy regarding release information, which will have priority. This authorization is not intended to allow the release of records regarding my treatment for services requiring a restricted release under State or Federal law.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND AGREE TO BE BOUND BY IT.

SIGNATURE

PRINT NAME

DATE