



For the Health of It!

Program participation and information release form

Participant Name: _____

PNO: _____

Clinic: _____

I (printed name): _____ have voluntarily decided to participate in the Whole Health program known as "For the Health of It!" I understand and am comfortable with my physical vital statistics being included in the following:

- | (Please check all that apply) | Initials |
|---|----------|
| <input type="checkbox"/> Promotion of the program. | _____ |
| <input type="checkbox"/> Reports and outcomes measurements. | _____ |
| <input type="checkbox"/> Other members of the program. | _____ |

Although my name will not be referenced in promotion of this program, I understand that my information may be referenced by an identification number for the purpose of fulfilling the requirements of the Transformation Transfer Initiative (TTI) Grant.

I therefore authorize the release of information as outlined above to Magellan, (PNO) _____, and (Clinic) _____. Furthermore, I understand that the groups I will be participating in will include discussions with Clinician's, Facilitators, and peer members about my involvement in this program.

Participant Printed Name:

Participant Signature:

Date:
