



Privacy + Shared Information Client Consent Form

Confirmation of receipt and understanding of company policy.

Policy: Privacy Release

Effective Date: 06. 12. 2026 - 06. 12. 2027

Version: 1.0

Organization: Linkage Wellness Institute

Client Advocate: *Mimi Frazier*

Acknowledgment Statement

By signing below, I confirm that I have:

- Received a copy of the Privacy/Shared Information Client Consent Form
- Read and understood its contents
- Had the opportunity to ask questions
- Agreed to comply with all terms and obligations stated within

I understand that violations of this policy may result in professional disciplinary action, up to and including termination of services.

Client Information

Full Name: _____

Date of Birth: _____

Telephone Number: () _____

Email Address: _____

Signature: _____

Authorized Representative

Name: Mimi Frazier

Position: Founder, Chief Executive
Officer

Date: 06. 12. 2026

Signature: *Mimi Frazier*