MEDICAL DOCUMENTATION & PRIVACY AUTHORIZATION

This Authorization applies if I voluntarily provide medical or health-related documentation to Forged Kinetics, LLC ("FK"), including but not limited to letters of medical necessity, imaging reports (such as X-rays or MRI reports), physician notes, diagnoses, or other medical records, for the purpose of supporting safe and effective training and, where applicable, documentation related to Health Savings Account (HSA) reimbursement.

Authorization

I authorize FK to receive, collect, maintain, and store health-related information that I voluntarily provide, including medical records or documentation, solely for the purposes described above.

Acknowledgments

- FK is not a medical provider and does not provide medical advice, diagnosis, or treatment.
- FK does not submit insurance claims and does not guarantee approval or reimbursement of any HSA claims.
- My medical information will be stored securely and accessed only by authorized FK personnel.
- FK will not disclose my medical information to third parties without my written authorization, except as required by law.
- Providing medical documentation to FK is voluntary and not required to participate in training services.

Rights

I understand that I may request access to the medical information maintained by FK, request corrections to inaccurate information, or revoke this Authorization in writing at any time. Revocation will not affect actions already taken in reliance on this Authorization.

Printed Name of Client

Date

Signature of Client

Printed Name of Parent/Guardian (if under 18)

Date

Signature of Parent/Guardian (if under 18)

Printed Name of Representative from Forged Kinetics, LLC

Date

Signature of Representative from Forged Kinetics, LLC