

**Rasayana, LLC**  
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**Release of Treatment/Medical Records**

I \_\_\_\_\_, authorize Rasayana, LLC and/or Kris Quinones, LMT, AHC, EYT500 to discuss and correspond about my medical status as it pertains to providing me with safe, effective and coordinated Ayurvedic treatments or massage/yoga therapy. I understand that my treatment/medical records, in whole or part, will be used in this process, but that any correspondence or discussion will be confined to those medical conditions or treatments, which may be affected by these holistic approaches. I agree to the release of my treatment/medical records and give my consent for this purpose.

Signature \_\_\_\_\_

Date\_\_\_\_\_