

Notice of Privacy Practices

Authorization to Use/Release Health Information

I understand and hereby authorize the following:

1. That **MODE Mind and Body** and **Pico-Tesla Magnetic Therapies, LLC** and **Magneceutical Health, LLC** or its licensors, subsidiaries or affiliates (hereinafter "Companies"), may use and share the following health information about me for Data Management and Data Analysis purposes:
 - Demographic Information (age, sex, ethnicity)
 - Diagnosis (es)
 - Medical History and/or Physical History
 - Medication usage
 - Magnetic Field exposure field strengths, visits, & results
 - Survey / Questionnaire: (ie: like relaxation / pain / sleep / QoL scales)
2. I understand that my medical records are considered confidential and can only be released by a signed and dated authorization from me. I am entitled to request corrections of my medical records.
3. I have given my authorization knowing that I DO NOT have to sign this authorization, but that if I don't sign it then the Companies have the right not to let me participate in Relaxation Sessions.
4. I have given my authorization knowing that I can cancel this authorization at ANY TIME:
 - i. I have to cancel it in writing, delivered to Companies.
 - ii. If I cancel it, the people the information was given to will still be able to use it because I had given them my permission, but they won't be able to get any more information about me.
 - iii. If I cancel my authorization, I may no longer be able to receive Magnetic Field exposures.
The medical records provided to other people may be given out by them and might no longer be protected.
I may request a copy of this form after I have signed/dated it

Informed Consent and Waiver of Liability

I hereby agree to the following:

1. That I am voluntarily requesting that I be allowed to participate in low level electromagnetic field (EMF) exposure via the Resonator™ or Magnesphere™ for "ENHANCING FEELINGS OF RELAXATION", provided by Pico-Tesla Magnetic Therapies, LLC and Magneceutical Health, LLC or its customers, partners, licensors, subsidiaries or affiliates, and Organic Health Center (hereinafter "Companies").
2. I understand that there are no known or anticipated medical risks with exposure to the EMF. I also understand that the Companies do not know all of the consequences from its use. The FDA has not decided that the Resonator™ or Magnesphere™ devices or exposure to them are "safe." It is possible that I may suffer discomfort or pain, but it is not likely. Severe Injury could occur, but it is extremely unlikely.
3. I do not have any of the following Health Conditions, and understand that Relaxation Sessions are NOT recommended for those that have:
 - Implanted electrical stimulators in the Brain
 - Chronic Atrial Fibrillation (Uncontrolled)
 - Epilepsy
 - CHF (Congestive Heart Failure)
 - High Blood Pressure (Uncontrolled)
4. In consideration of being permitted to participate in the EMF exposure, I agree to assume full responsibility for any risks, injuries, or damages, direct or indirect, known or unknown, which I might incur as a result of receiving this exposure.
5. In further consideration of being permitted to participate in EMF sessions through the Companies, I knowingly, voluntarily and expressly waive any claim I, my heirs, or legal representatives may have against Companies, Pico-Tesla Magnetic Therapies, LLC, Magneceutical Health, LLC, its

customers, licensors, subsidiaries, affiliates, owners, directors, or representatives, and Organic Health Center, for any injury, death or damages that I may sustain as a result of participation, and forever release, waive, discharge, and covenant not sue said entities or individuals.

6. HIPPA Privacy Practices and Authorization to Use/Release Health Information: I acknowledge that I was provided with a copy of the Privacy Practices and Authorization to Use/Release Health Information acknowledging that Pico-Tesla continues its good faith effort to comply with the requirements of Federal Privacy Law. Per my execution of said document I hereby consent use and disclosure of my health information for the purposes and activities permitted under Federal Privacy Law, which are described in the Privacy Practices.
7. This product and its magnetic field exposures have not been evaluated by the FDA.
8. This product and its magnetic field exposures is not intended to "diagnose, treat, cure or prevent any disease,"
9. While participating in Relaxation Sessions, I understand that I should continue to follow (ie do not change) the drug or treatment regimens prescribed by my physician.

Federal Electronic Disclosure and Consent

Pico-Tesla Magnetic Therapies and Magneceutical Health and their customers, affiliates, and subsidiaries (hereinafter "Pico") permit you to fill out and sign certain forms using this web site. This Federal E-Sign Disclosure and Consent describes Pico's process so that you can decide whether you wish to continue with your relaxation sessions through our web site. Please read this page carefully and print a copy of this page for your records.

Electronic Signature and Electronic Delivery of Disclosures and Notices

By clicking in the box marked "I agree" at the bottom of this page, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents for the forms provided on this web site. Those forms include

- The "Customer Agreement / Acceptable Use Policy / and End User License Agreement" that outline the terms and conditions upon which you may engage in Relaxation Sessions via Pico's website;
- The "Notice of Privacy Practices involving the Authorization to Use and Release of Health Information";
- The "Informed Consent and Waiver of Liability";
- All changes and updates to these disclosures, notices, and documents.

You understand that your electronic signature is legally binding, just as if you had signed a paper document. Your consent to use electronic signatures and documents applies only to materials related to your request for Pico to permit you to participate in Relaxation Sessions.

Paper Signature and Paper Delivery of Disclosures and Notices

If you prefer to use paper signatures, you may instead print a copy of the Documents described above, fill it out, and return them to us by mail or by facsimile. You understand that Pico will not begin to process your request until it receives the executed Documents.

You have the right to receive a paper copy of the disclosures, notices, terms and conditions, and other communications described above. There is no cost to receive paper copies of any electronic records. If you wish to receive a paper copy, please send a request with your name, mailing address, daytime telephone number, and the document you wish to receive to one of the following:

- Email: custservice@magneceutical.com
- Office: 727.474.3722 (US)
- Mail: Magneceutical Health, LLC.
Attn: Customer Service Department
611 Druid Rd. East, Suite 714
Clearwater, FL33756USA

Withdrawal of Electronic Acceptance of Disclosures and Notices You may withdraw your consent to use electronic signatures or receive electronic communications at any time. If you wish to do so, please notify us at the addresses above and provide your name, mailing address, daytime telephone number, and a description of the type of transaction from which you are withdrawing your consent. Consent By checking the box marked "I Agree," you consent to the use of electronic signatures and to electronic delivery of the disclosures, notices, and communications described above. By checking the box marked "No, thanks," you agree to print out a copy of the Documents, complete them, sign them, and return them to Pico by mail or by facsimile, and to not participate in Relaxation Sessions until same have been received by Pico.