



Dr. Ryan T. Johnson, D.C.
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Sarasota, FL. 34239
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GENETIC TESTING NOTICE AND WAIVER

I, _____ (print name) give my permission and consent for Integrated Chiropractic, INC., the office of Dr. Ryan Johnson, D.C. to obtain my RAW data file generated from a third party company such as Ancestry.com or 23andme.com. I give consent for Integrated Chiropractic INC, and Dr. Ryan Johnson, D.C. access to upload my RAW data into the FH Eval and other physician programs for interpretation of my genes based on my RAW data provided.

I understand and acknowledge this RAW data file contains personal information about my genes and health.

I understand and acknowledge that Integrated Chiropractic, INC. and Dr. Johnson, D.C. will be using this data to process through the physician portal, FH Eval and other programs, which are third party gene interpretation programs.

I shall not hold Integrated Chiropractic, INC. or Dr. Ryan Johnson, D.C. liable for any legal action or process in accepting or generating reports based on my genetic RAW data.

I understand and acknowledge some of the genetic information contained in my report may be upsetting, such as learning about the risk of certain diseases or conditions. **The FH Eval and other physician programs do not diagnose or treat a disease or condition. They are for educational purposes only.**

I understand and acknowledge that FH Eval and other programs are updated as new research is discovered.

Patient Name: _____

Patient Signature: _____

Date: _____