Highly Wholistic

Practitioner Directory — Consent & Authorization Form

This form authorizes Highly Wholistic to list your name, credentials, specialty, and contact information in the Practitioner Directory on highlywholistic.com. Please read and complete the sections below.

1. Nature of the Listing

Being included in the Highly Wholistic Practitioner Directory does not establish a formal business partnership, employment relationship, or agency relationship between you and Highly Wholistic PLLC. This listing is intended solely to support referral coordination and collaboration among aligned wellness professionals.

2. Information to Be Published

By signing this form, you authorize Highly Wholistic to publish the following information on the Practitioner Directory page:

- Full name and professional credentials
- Specialty / area of practice
- Contact information (phone, email, and/or website)
- A brief description of your services, if provided

3. Practitioner Responsibilities

As a listed practitioner, you agree to:

- Keep your listed information current and accurate
- Maintain your own professional licenses, certifications, and liability coverage
- Notify Highly Wholistic promptly of any changes to your listing information

4. Duration & Removal

This authorization remains in effect until you request removal or an update. You may request changes to your listing, or ask to be removed from the directory entirely, at any time by contacting Highly Wholistic directly.

5. Acknowledgment & Signature

By signing below, I confirm that I have read and understood this form, and I authorize Highly Wholistic to list my information in the Practitioner Directory as described above.

Full Name (Printed):

Credentials:

Specialty:

Phone / Email / Website:

Signature:

Date: