



Alternative Health Associates
A Private Health Membership Association
HANSI® Personal Use Exemption Form

Date: _____ / _____ / _____
Month Day Year

To Whom It May Concern:

I have learned about **HANSI®** homeopathics without any solicitation from you.

You have informed me that no claim is made that they will ameliorate or cure any particular disease or condition.

I am presently suffering from _____, which my doctor has told me is compromising my health and/or is threatening my life.

I would like to buy **HANSI® products for my personal use only**, and I will not resell them.

I understand the importance of keeping a comprehensive database. Therefore, I will provide medical records, copies of blood-work or other data supporting the diagnosis, if requested. I promise that I will forward copies of medical reports of my condition, as they become available in the future.

I consent to your entering my medical data into your database for statistical and research purposes, as long as my name and address are kept confidential.

Very truly yours,

Signature

Printed Name

Please send your completed form to: Info@HansiOriginal.com or fax it to: (800) 808-0209