

Sumra RD Nutrition LLC

228 Maple Street, Middlebury, VT 05753

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AUTHORIZATION FOR USE/DISCLOSURE OF HEALTH INFORMATION

I, _____ (Client Name), DOB _____ voluntarily authorize **Sumra RD Nutrition** to communicate with and (check one or both boxes):

send information to and/or

receive information from:

Provider Name: _____ Practice/Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Purpose: I authorize the release of my health information for the following specific purpose: continuing medical care.

Information to be disclosed: I authorize the release of the following health information (check the applicable boxes below):

Medical history and records

Lab results

Nutrition counseling history and records

Mental health history and records

Other: _____

Only the following records or types of health information: _____

Term: I understand that this Authorization will remain in effect upon written communication revoking authorization.

Redisclosure: I understand that State and Federal law may protect or limit the disclosure of information regarding me. If so, Federal regulations (42 C.F.R. Part 2) prohibit the redisclosure of this information without my written consent or as otherwise allowed by the regulations.

Refusal to sign/right to revoke I understand that signing this form is voluntary and that if I don't sign, it will not affect the commencement, continuation or quality of my treatment at Sumra RD Nutrition. If I change my mind, I understand that I can revoke this authorization by providing a written notice of revocation to Sumra RD Nutrition at the address listed below. The revocation will be effective immediately upon my health care provider's receipt of my written notice, except that the revocation will not have any effect on any action taken by my health care provider in reliance on this Authorization before it received my written notice of revocation.

Questions: I may contact Sumra RD Nutrition for answers to my questions about the privacy of my health information at 228 Maple Street, Middlebury, Vermont 05753, or by telephone at (802) 222-0992.

Signature

Date

If Individual is unable to sign this Authorization, please complete the information below:

Name of Guardian/Representative

Legal Relationship

Date