



## As You Are Nutrition Inc.

1443 Main Street, Suite 130B  
Napa, CA 94559  
707-200-1178

# Release of Information Consent

Your health information is protected at As You Are Nutrition. This form is to give your dietitian permission to talk with other providers outside As You Are Nutrition about your health. This process is called Care Coordination. The purpose of Care Coordination is to connect your healthcare providers so they can work together to create the best care plan for you.

\_\_\_\_\_  
Client's Full Name

\_\_\_\_\_  
Client's Date of Birth

## AUTHORIZED PERSON/S, AGENCIES, INSTITUTIONS OR OTHER

I authorize As You Are Nutrition to send and receive my protected health information to and from the providers listed below.  YES  NO

### The following information:

- Medical history and evaluation(s)
- Mental health evaluations
- Developmental and/or social history
- Educational records
- Progress notes, and treatment or closing summary
- Other

Provider/Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### EFFECTIVE PERIOD & AGREEMENT:

*This authorization for the release of information covers the period of healthcare of all past, present, and future periods.*

*I understand that I have the right to revoke this authorization, in writing, at anytime. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.*

*I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.*

*I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Your relationship to the client:

- Self     Parent/Legal guardian     Personal representative     Other \_\_\_\_\_