Dana
the Dietitian

Dana Mull, RDN, CNSC

PRIVACY CONSENT

I require your consent to request, use and disclose your protected health information to carry out treatment, payment, and health care operations. This includes requesting health information from your other health care providers. If you would like a more detailed description of such uses and disclosures, please refer to the *Notice of Privacy Practices*.

You have the right to review the *Notice of Privacy Practices* before signing this consent form. The terms of the *Notice of Privacy Practices* may change from time to time. You can get a copy of the latest *Notice of Privacy Practices* by contacting me.

You have the right to request that I restrict how I use or disclose protected health information to carry out treatment, payment, or health care operations. I do not have to agree to such requests, but must honor the requests to which we agree.

You have the right to revoke this consent in writing, and the revocation will become effective except to the extent that we acted in reliance on your consent.

By signing below, you hereby consent to my use of your protected health information to carryout out treatment, payment, and health care operations, and acknowledge receipt of a copy of this consent if requested.

Client Name: _____ DOB: _____

Address: _____

Parent, Guardian or Representative: _____

Signature: _____ Date: _____

Please check whether it is acceptable to:

Leave a message on your phone(s) Yes _____ # _____

Contact you by e-mail* Yes _____ Email Address _____

***** E-mail contact is for your benefit only. Information is not shared without additional consent from you. However, e-mail exchange is not inherently secure.

I have your permission to share information with the following family members or friends:

_____