



Seeds Nutrition Counseling

9535 Forest Lane, Ste. 215D
Dallas, TX 75243
(972) 265-9656 | phone
(469) 532-0066 | fax

Consent / Authorization for Release of Information

I hereby authorize:

Provider Name:	
Address:	
Phone:	Fax:
Email:	

to release the following information from the health record of:

Patient Name:	DOB:
Covering the time period of:	

Information to be Released:

- | | |
|--|--|
| <input type="checkbox"/> Consultation and progress notes | <input type="checkbox"/> Therapy records or psychiatry notes |
| <input type="checkbox"/> Lab/Imaging reports & Vitals | <input type="checkbox"/> Complete medical/health record |

Information to be released to:

Seeds Nutrition Counseling LLC
9535 Forest Lane, Ste. 215D
Dallas, TX 75243
(972) 265-9656 | phone
(469) 532-0066 | fax
amy@seedsnutritioncounseling.com

Purpose of Disclosure

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Continuity of care | <input type="checkbox"/> Payment | <input type="checkbox"/> Health care operations |
|---|----------------------------------|---|

I additionally authorize Seeds Nutrition Counseling LLC to release information to the above provider.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

