

Nutrition — Works

2321 Lime Kiln Lane • Louisville, KY 40222 • 502-339-9202
www.smartnutritionworks.com

Patient Written Acknowledgement Confirming Receipt of Privacy Notice

I have received Nutrition Works HIPAA Privacy Notice.

Signature: _____ Date _____

RELEASE OF INFORMATION AUTHORIZATION

Patient's Full Name: _____

Complete Address: _____

Date of Birth: _____

Telephone: _____ Fax: _____

I authorize Sandra Meyerowitz, MPH, RD, LD at Nutrition Works to discuss/share my health information as it relates to coordinating my health care and release copies or electronic transmission of my nutrition Progress Reports and/or Consultation Notes to:

** Name: _____

Complete Address: _____

Telephone: _____ Fax: _____

** Name: _____

Complete Address: _____

Telephone: _____ Fax: _____

I understand that my records are protected under Federal and State law and cannot be disclosed without my written consent unless otherwise provided by law. I understand that I have the right to revoke this consent at any time by submitting a written and dated notice for revocation to Sandra Meyerowitz, MPH, RD, LD at Nutrition Works releasing this information.

Signature: _____ Date _____

I grant approval for the Sandra Meyerowitz, MPH, RD, LD (and staff of Nutrition Works) to communicate with me via email regarding coordination of my health care, diet consultations and forms and for billing purposes.

Signature: _____ Date _____