Jennifer Anderson, Registered Dietitian

Address: 9788 Rock Dove Lane
Highlands Ranch, CO 80129
Phone: 720-400-9006
Email: jross@jrdietetics.com

Authorization for Release/Request of Protected Health Information

Client Name		Date of Birth	

I hereby authorize Jennifer Anderson to Release/Receive Information From:

Contact Name			
Contact Facility/Practice			
Contact Relationship			
Contact Address			
Home Phone		Business Phone	
Cell Phone		Fax	
Email Address			

Purpose for Release of Information: ☐ Continuity of Care
(You must select one option) ☐ Other____

I understand that my treatment records are protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 &164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent at any time expect to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows: one year from client signature on this form.

"Federal Regulation (42 CFR Part 2) prohibits any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

My initials below signify that I consent for the following type(s) of information to be released to the above individual/entity:

______1. Drug/Alcohol Abuse, which is protected by Federal Regulation

______2. Psychological or psychiatric conditions

______3. Family and/or Social History

Restrictions (if any):____

________________________________ ________________________________

Signature of Client and Date Signature of parent/guardian and Date