

NEW ENERGY NUTRITION

Christine P. Mastrangelo, RD LDN  
781.248.8238  
www.newenergynutrition.com

---

**Patient Authorization Form for  
Release of Protected Health Information**

**Please read carefully prior to signing:**

I understand that \_\_\_\_\_ of New Energy Nutrition is a registered and licensed dietitian.

I give permission to the staff at New Energy Nutrition to: (initial next to those that apply)

\_\_\_\_\_ Use my protected health information for research purposes

\_\_\_\_\_ Receive protected health information from the below listed entity / physician  
(This will authorize the attending physician, the hospital or the other health care agencies who will be providing care to release to New Energy Nutrition any information related to the development, implementation and evaluation of my individual treatment plan, and to the payment of claims for service.)

\_\_\_\_\_ Disclose protected health information to the below listed entity / physician

**Please list names of the entity / physicians in which New Energy Nutrition has been given permission to communicate with in regards to your protected health information.**

<b>Name:</b>	<b>Contact Information: (phone)</b>	<b>Information Requested:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

Protected health information includes, but is not limited to, date of service, type of service provided, and referrals made to educational programs.

This protected health information is being used or disclosed in order to coordinate nutrition and health care provided with my treating medical professionals and to provide any information pertinent to my case. I agree to keep the staff at New Energy Nutrition informed of any changes in my medical condition that would require a change in nutrition or health education.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to New Energy Nutrition at the address written above. I understand that a revocation is not effective to the extent that New Energy Nutrition has relied on the use or disclosure of the protected health information.

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

New Energy Nutrition will not condition my education program referral, payment, and enrollment in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as is permitted under federal or state law.
  - Refuse to sign this authorization.
  - Ask for a copy of this signed release and I understand that a photocopy is as valid as the original.
- 

**Your signature indicates that you understand and accept the above policy.**

---

**Signature of patient / client:**

**Date:**