

Authorization to Release Medical Records

Patient name:
Date of birth:
Address:
Phone number:

Authorized Person/s, Agencies, Institutions or Other

I authorize the use and disclosure of _____'s protected health information as described below to Sarah Galicki, MS, RDN, LD of *Appetite Health LLC*.

PLEASE FAX RECORDS AND COMPLETED FORM TO:

APPETITE HEALTH LLC
c/o Sarah Galicki, MS, RDN, LD
FAX: 865-269-6955

Requesting records from the following:

1) Name:
Address:
Phone number:

2) Name:
Address:
Phone number:

3) Name:
Address:
Phone number:



Authorized recipient:

Sarah Galicki, M.S., R.D.N., L.D.

Founder, Owner, & Registered Dietitian Nutritionist of *Appetite Health LLC*

Houston, Texas

W: www.Appetitehealth.com

E: Sarah@Appetitehealth.com

P: 865-935-9745

F: 865-269-6955

How's your Appetite Health?

<https://www.facebook.com/AppetiteHealth/>

<https://www.instagram.com/appetitehealth/>

Effective Period

This authorization for the release of information covers the period of healthcare of all past, present, and future periods.

Extent of Authorization

I authorize the release of my complete health record with the **exception** of the following information:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse & treatment

Agreement

I understand that I have the right to revoke this authorization, in writing, at anytime. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

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

I agree: Yes No

Please Sign Below

Signature: _____

Print Full Name: _____

Today's Date: _____

