

Ashleigh Sellman Nutrition Counseling, LLC

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CONFIDENTIALITY RELEASE FORM

I, _____ (client name) and/or
_____ (parent/legal guardian name)

agree that Ashleigh Sellman Nutrition Counseling, LLC can release to the above named providers the copies of any and all records and information which Ashleigh Sellman Nutrition Counseling, LLC clinically determines is relevant and necessary to disclose for the purposes of treatment of named client. This includes all the transmission of information and data via verbal and electronic contact. These records and information include, but may not be limited to: Medical opinions, diagnosis, progress notes, and recommendations, notes of conversations, phone calls, memoranda or any type of communication concerning the overall treatment of the client.

Please list providers such as medical doctors, therapists, psychiatrists or organizations that client agrees Ashleigh Sellman Nutrition Counseling, LLC can communicate with regarding client's care.

Provider

#1: _____

Provider #1 email: _____ Provider #1 phone:

Provider #2:

Provider #2 email: _____ Provider #2 phone:

Provider #3:

Provider #3 email: _____ Provider #3 phone:

Provider #4:

Provider #4 email: _____ Provider #4 phone:

Start date of Authorization from client (current date): _____

This authorization expires one year from start date or at which time the client informs Ashleigh Sellman Nutrition Counseling, LLC that the client revokes or wants to change the confidentiality release or upon the client terminating clinical work with the provider.

Print Patient Name _____ **Date** _____ **Date of birth:**

Signature of Patient

Signature of Parent or Legal Guardian

ATTENTION RECIPIENT – Notice Prohibiting Rediscovery I understand that my records are protected under Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This information has been disclosed to you from the records protected by Federal confidentiality rules 42 C.F.R. Part 2). The Federal rules prohibit you from making 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 42 C.F.R. Part 2. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug patient.