



Patient consent for use and disclosure of protected health information

I hereby give my consent for Nutrition Matters, LLC to use and disclose any health information (PHI) about me to carry out any treatment and healthcare operations (TPO).

Nutrition Matters, LLC's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Nutrition Matters, LLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Nutrition Matters, LLC at P.O. Box 277, Wyckoff, NJ 07481.

With this consent Nutrition Matters, LLC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent Nutrition Matters, LLC may mail to my home or other alternative location any items that assist the practice in carrying out TPO. However, the practice is not required to agree to me requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Nutrition Matters, LLC's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Nutrition Matters, LLC may decline to provide treatment to me.

Check one:

I request that all communications from Nutrition Matters, LLC made to me via phone, mail or email be discrete.

Yes _____ No _____

Signature of patient or Legal Guardian

Date

Print patient name

www.NutritionMatters2Me.com

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Fax: 201-891-0459