

Nutrition Counseling Services LLC

Your Privacy & Permissions

We, at Nutrition Counseling Services LLC, understand that protected health information about you and your health is personal. We are committed to take every measure to protect your health information. Please review the following information regarding your permissions and privacy.

PERMISSIONS

Appointment Reminders

___ I give Nutrition Counseling Services LLC permission to remind me of upcoming appointments by the following:

___ Voice Mail Reminders

___ Email Reminders

___ SMS/Text Reminders

Voice Mail

___ I give Nutrition Counseling Services LLC permission to leave a voicemail messages at any of the telephone numbers which I have provided.

Telephone: _____ (home)

Telephone: _____ (work)

Telephone: _____ (mobile)

Opt Out Option:

___ I do not give Nutrition Counseling Services LLC permission to leave a voicemail messages at any of the telephone numbers listed above.

Email Encryption

___ I give Nutrition Counseling Services LLC permission to leave messages via email at the address(es) which I have provided.

Email: _____ (home)

Email: _____ (work)

As required by HIPAA Privacy Rule, by default Nutrition Counseling Services LLC uses encryption services to secure your Protected Health Information (PHI) when transmitting your information through email.

Unencrypted Email Option:

____ I wish to receive email messages but do not require encrypted transmission. I understand and accept the risks associated with unencrypted email messaging. The risks include potential compromise of personal health information.

Signature Date

Permission to Leave Messages with Others

____ I give Nutrition Counseling Services LLC permission to leave messages about appointment reminders with the following individuals in the case of my absence:

Name	Relation
_____	_____
_____	_____

Permission to Share Health Information

____ I give Nutrition Counseling Services LLC permission to release my protected health information with the following:

Name	Relation
_____	_____
_____	_____
_____	_____

Signature Date