



Authorization to Release Information to Family Members

Patient Name: _____ Date of Birth: _____

Many of our patients allow family members such as their spouse, parents or others to call and request medical or billing information. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical or billing information released to family members you must sign this form. Signing this form will only give consent to release this information to the family members indicated below. This authorization shall be in force and effect for the duration of 60 months, at which time this authorization will expire.

You understand that information disclosed to any authorized recipient listed below is no longer protected by federal or state law and may be subject to redisclosure by the below recipient. You have the right to revoke this consent in writing.

I authorize/ allow TKS Nutrition, LLC to release my medical and/or billing information to the following individual(s):

1. _____ Relation to patient: _____
2. _____ Relation to patient: _____
3. _____ Relation to patient: _____

Authorization to Leave Messages with Household Members/ Answering Machine/ Cell Phone/ Email

Occasionally it is necessary for the TKS Nutrition, LLC to leave messages for patients. The purpose of these messages is to notify the patient that the office would like to discuss or schedule an appointment, or to ask a patient to call regarding an issue or concern. At no time will TKS Nutrition, LLC discuss your nutritional concerns without your consent. The purpose of this consent is to leave messages with members of your household, on your answering machine, or on your cell phone.

** TKS Nutrition, LLC performs automated email appointment reminders. The signature below also provides your consent for such reminders.

You have the right to revoke this consent in writing.

Patient Name: _____

Patient Signature: _____ Date: _____

Phone Number: _____ Email: _____