



LifeQuality Nutrition Network Cooperative, Inc.
Patient Information/Medical Records Release & Consents

Patient's Name
Date of Birth
Address
Phone Numbers Home ( ) Cell ( )

Please release my records to and from:

LifeQuality Nutrition Network Coop, Inc.
Attn: Missy Porteous, MS, RD, CDE
(Mailing Address)
11801 Pierce Street, Suite 200
Riverside, CA 92505
951.750.0085

&

MY PRIMARY CARE PHYSICIAN
Physician:
Address:
Telephone Number:
Fax Number:

I agree to receive my nutrition consult by telephone or telehealth (audio and video). I also agree to receive SMS (text), phone and email messages regarding my appointments. We value your privacy and will not include information about your medical condition in these messages.

I HEREBY AUTHORIZE THE RELEASE OF MY MEDICAL RECORDS AS PROVIDED ABOVE, INCLUDED BUT NOT LIMITED TO, ASSESSMENT FORMS, PROGRESS NOTES, AND NUTRITION RECOMMENDATIONS/PRESCRIPTIONS.

I ALSO AUTHORIZE PAYMENT OF BENEFITS TO LIFEQUALITY FOR NUTRITION COUNSELING SERVICES BEGINNING ON THE DATE OF THIS NOTICE AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE TOTAL COST OF ALL SERVICES AND TESTS PERFORMED NOT PAID BY MY INSURANCE.

Date:
Patient's/Parent's Signature

Acknowledgement for Receipt of Privacy Notice

I, \_\_\_\_\_, have read and/or received a copy of the HIPAA Privacy Notice for LifeQuality Nutrition Network Cooperative, Inc.. I understand that any questions I have regarding the HIPAA privacy notice will be answered by the designated privacy officer.

Date:
Patient's/Parent's Signature