
HIPAA Privacy Act

As a Health Care Provider, Lori S. Brizee of Central Oregon Nutrition Consultants adheres to the "Health Insurance Portability and Accountability Act" Privacy Rule.

Any information, which identifies a patient will be kept in a secure location and shredded when no longer needed. A patient or his/her legal representative (parent/legal guardian) must give signed consent for his/her information to be given to anyone else.

As a Healthcare provider, I will not disclose your name or any identifying information to anyone other than you or your legal guardian without your signed consent.

For a copy of the complete HIPAA Privacy Act, refer to <http://www.hhs.gov/ocr/hippaa>

Consent for information disclosure

My information may be sent to the following individuals:

Primary Healthcare Provider (physician, nurse practitioner or Physician Assistant):

Name _____ Phone _____

Address _____

Other individuals who Central Oregon Nutrition Consultants has permission to share patient information with:

Name _____ Phone _____

Address _____

Provider can leave health related messages on my telephone voice mail: yes no

Provider can leave a message with another person who answers my phone: yes no

Provider can send health related information to me by e-mail: yes no

Patient Name (print) _____

Patient Signature _____

Signature of legal representative (if patient is under 18 years) _____

Relationship of legal representative to patient _____