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## **Notice of Privacy Practices and Record Release Authorization**

07/21/11

Keeping our client's personal health information secure is a top priority for us at Cassara Consulting. While information is the cornerstone of our ability to provide superior Medical Nutrition Therapy (MNT) services, our most important asset is our client's trust. This notice tell you how we collect, handle, and disclose personal health information about you. If you want to limit our disclosing of this information, please submit your wishes to us in writing. We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information.

### **Our Policies and Practices to Protect Your Personal Health Information**

We protect health information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

### **Protected Health Information We Collect and May Disclose**

The protected health information we collect about you comes from the following sources:

- Information received from your physician or other healthcare provider.
- Information we receive from you while providing MNT services and on enrollment forms, assessment surveys, or other forms.
- Information we receive from other sources such as caregiver, insurer, employer and other third parties.

We may disclose any of your protected health information to the following entities as long as this information is directly related to health services or your individual care. These entities include doctors, hospitals, health care providers, pharmacies, insurance companies, family members or other persons involved directly in your individual care.

### **RECORD RELEASE AUTHORIZATION**

I hereby authorize and request you release to Cassara Consulting my prior medical records. Your prompt attention to this matter is appreciated.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I understand an acknowledge receipt of the above Notice of Privacy Practices and Record Release Authorization.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_