



Consent for Treatment and Authorization Form for Use of Protected Health Information

I hereby consent to participating in nutrition counseling at Nourished Nutrition Therapy, LLC and understand that all information I provide is private, confidential, and protected by law. When necessary to coordinate my nutrition and healthcare, my protected health information may be obtained from and/or provided to my:

Insurance Company _____ Member ID # _____

Date of birth _____ Address _____

Physician _____ Phone # _____

Therapist/Counselor _____ Phone # _____

Additional Provider _____ Phone # _____

Additional Provider _____ Phone # _____

I give my clinician at Nourished Nutrition Therapy permission to speak with and disclose my protected health information with the above-named treatment providers.

Virtual Eating Disorder Recovery and Body Image Coaching- Video conferencing may not be a confidential method of communication unless done through a HIPAA compliant telehealth platform. Please be advised that Skype, Google Hangout or FaceTime are not HIPAA compliant.

Social Media: Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on Facebook or LinkedIn. I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.



Electronic Communication: We cannot ensure the confidentiality of most communication through electronic media, including email and text messages. The only exception to this through our secure client portal, Practice Better. If you prefer to communicate via email for issues regarding scheduling or cancellations, we are more than happy to do so. We are very mindful about each clinician's energy reserve and capacity to respond to messages and emails outside of office hours. While we try to respond to messages in a timely manner, we cannot guarantee an immediate response. We are legally unable to provide nutrition therapy outside of a scheduled session. Please discuss with your clinician what email support will look for the duration of your work together.

I acknowledge I have been provided a copy of Nourished Nutrition Therapy, LLC HIPAA Notice of Privacy Practices. A copy is available on your portal at all times.

Printed Name of Client: _____

Signature of Client: _____

Date: _____

Signature of Parent: _____

Date: _____

Or Guardian (if < 18 yrs. old)