

BODYFUEL LLC
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Release of Information

Welcome to Bodyfuel LLC. Our office is committed to providing you the best possible care based on the most current nutrition and wellness information. Your privacy is important to us. Please complete this if you give permission for us to discuss to care plan with another provider, family member or agency.

I hereby authorize:

(Name of agency or provider)

___ To provide information to [bodyfuel llc](#)

___ To receive information from [bodyfuel llc](#)

In regards to:

(Your name here or name of patient)

(Date of Birth)

Content to be released:

- Information to assist nutrition counseling

For the purpose of:
Continuity of client care and counseling

This release will remain in effect for one year from the date listed below unless otherwise directed by patient or guardian.

Signature of patient/guardian

date

Signature of minor patients over age 13

date