NUTRITION BALANCE LLC SUSANNE CONSIGLIO, R.D.N.

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Notice of Protected Health Information Privacy Practices

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Patient Authorization Signature/Date
Hereby state that I have read, the Notice of Protected Health Information Privacy Practices of
Susanne Consiglio, RDN and have received a copy for my personal records.
/Non-Destanta manualish
(My Doctor's name is):
Physician or Physician's Practice Group
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I give permission to my doctor and request that my most recent medical record information
and most recent laboratory data and test results be released to Nutrition Balance LLC/Susanne

Consiglio, RDN upon request.

The results can be faxed to her office at: (586) 778-3004

I hereby authorize Susanne Consiglio, RDN, registered dietitian to release information necessary for the purpose of informing my physician and/or therapist of my treatment disclosures and progress and to secure the payment of benefits.

Susanne Consiglio, RDN, of Nutrition Balance LLC has posted the Notice of Protected Health Information Privacy Practices in her office and is HIPAA Compliant