

HARMONY WITH FOOD

Nutritionally Sound, LLC

Privacy Consent

We require your consent to use and disclose your protected health information to carry out treatment, payment, and health care operations. If you would like a more detailed description of such uses and disclosures, please refer to the *Notice of Privacy Practices*.

You have the right to review the *Notice of Privacy Practices* before signing this consent form. The terms of the *Notice of Privacy Practices* may change from time to time. You can get a copy of the latest *Notice of Privacy Practices* by contacting our office. We also will post a copy of our current *Notice of Privacy Practices* in our office.

You have the right to request that we restrict how we use or disclose protected health information to carry our treatment, payment, or health care operations. We do not have to agree to such requests, but must honor the requests to which we agree.

You have the right to revoke this consent in writing, and the revocation will become effective except to the extent that we acted in reliance on your consent.

You have the right to participate in Telemedicine care with Harmony With Food/Nutritionally Sound LLC and understand and agree that any internet breach of information is not the responsibility of Harmony With Food/Nutritionally Sound LLC.

By signing below, you hereby consent to our use of your protected health information to carry out treatment, payment, and health care operations, and acknowledge receipt of a copy of this consent if requested.

Printed Name:

Signature:

Date:

Please check one:

You can () / cannot () leave a message on my home phone/cell phone.

It is acceptable to contact me by email: [] Yes / [] No

If yes, print email:

Note: Email contact is for your benefit only. Information is not shared without additional consent from you; however, email exchange is not inherently secure.

Review Date: 4/10/20