Kay S Beatty, MS, RDN
Healthy Weight Options, LLC
at Mountainside Physical Therapy
12625 Lee Hway A
Washington, VA 22747
540-987-9390 (office)
540-560-9232 (mobile)

Release for Coordination with Primary Care Physician (PCP):

Client name (printed) _____ Birthday_____

Client address _____

Name of PCP _____

Address and phone number of PCP:

_____

For the purpose of coordinating care, my dietitian may wish to exchange pertinent information about my current treatment with my primary care physician. I hereby authorize the use or disclosure of my individually identifiable health information. This release shall be valid until 365 days after my last date of treatment or until the time I revoke this release, which can be done at any time.

Client Signature_____

Date_____

If you do not wish any information to be exchanged with your primary care physician, sign below.

I do NOT give permission to the practitioner named above to exchange information about my current treatment with my primary care physician.
SIGNATURE IS REQUIRED

Client Signature_____

Date _____

Witness Signature _____

Date _____

If you do not have a primary care physician, sign below.

I do not have a PCP.

Client Signature _____

Date_____