

# Ellen Byron RDCDE Nutrition Counseling and Education

215 Summer Street, Suite 8  
Haverhill, MA 01830  
Phone (978) 373-6809  
Fax (978) 373-6808

Professionals in Nutritional Counseling and Education  
Certified Diabetes Educators

---

## AUTHORIZATION TO OBTAIN/RELEASE CONFIDENTIAL INFORMATION

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Ellen Byron & Associates to:

- Discuss my treatment progress
- Obtain medical records and/or progress notes
- Release medical record and/or progress notes

### **With/To/From the following individuals:**

#### ***Primary Doctor:***

Name: \_\_\_\_\_

Address/Organization: \_\_\_\_\_

\_\_\_\_\_

#### ***Endocrinologist or Gynecologist:***

Name: \_\_\_\_\_

Address/Organization: \_\_\_\_\_

\_\_\_\_\_

#### ***Therapist/Psychiatrist:***

Name: \_\_\_\_\_

Address/Organization: \_\_\_\_\_

\_\_\_\_\_

**I understand that my records and treatment are confidential and will not be disclosed without my written consent unless under legal compulsion. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance therein.**

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_