

 <p>Nutrition First</p>	<p>LuAnne Petrie Nutrition Consultant MS, RD, CDE</p>	<p>Nutrition First <i>Because it matters.</i></p> <p>415 State Route 34 Colts Neck NJ 07722 info@nutritionfirstllc.com www.nutritionfirstllc.com (908) 692-4140</p>
---	--	--

Consent for Sharing of Health Information

This form authorizes LuAnne Petrie to share my health information (disclosed in our Nutrition therapy sessions) with those professional practitioners listed below. This release of information is voluntarily authorized by me so that the practitioners that I choose may participate in a team approach to my health care.

Practitioner	Address	Phone	Fax

Patient Name (please print): _____

Patient or Parent/Guardian Signature: _____

Date: _____