

	Minh-Hai Alex, MS, RD, CSSD 600 N. 36 <sup>th</sup> Street, Suite 423 Seattle, WA 98103 P: 206-673-4700 F: 206-673-4702 mh@mindfulnutritionseattle.com www.mindfulnutritionseattle.com
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## Release of Information

I, \_\_\_\_\_ (patient/legal guardian), do hereby authorize the health care provider(s) listed below to release/receive any information related to the development, implementation and evaluation of my individual treatment plan to/from Minh-Hai Alex, MS, RD, CSSD, CD.

Date of Birth: \_\_\_\_\_

<b>Name of Provider:</b>	
<b>Clinic Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

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<b>Clinic Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

<b>Name of Provider:</b>	
<b>Clinic Name:</b>	
<b>Phone Number:</b>	
<b>Email:</b>	

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_