Holy Name
MEDICAL PARTNERS

Nutrition Center
718 Teaneck Road
Teaneck, NJ 07666

Patient name | Date of Birth | Today's Date

Address

Physician's Address

Primary Reason for Visit

Privacy Consent

The Outpatient Nutrition Center at Holy Name, requires your consent to use and disclose your protected health information to carry out treatment, payment and healthcare operations. I understand the nature and purpose of medical nutrition therapy and that results are not guaranteed. I give The Outpatient Nutrition Center at Holy Name permission to send a summary note of my nutrition plan to my physician or referring doctor. By signing below, I consent to all of the above and can request a copy of this consent.

Print Your Name | Date

Signature

HIPAA & Policies

I understand that The Outpatient Nutrition Center of Holy Name is in accordance with all HIPAA regulations and a copy of them is available to me for my review at any time. I understand all appointments must be cancelled 24 hours in advance. Otherwise, I am responsible for payment of the missed visit.

Print Your Name | Date

Signature