

KAILO COUNSELING

LIFESTYLE CHANGE AND
NUTRITIONAL COUNSELING
MARRIAGE, FAMILY AND
INDIVIDUAL COUNSELING



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KIA SANFORD MS CN

IMPORTANT: Sharing your confidential health information

In this new age of HIPAA privacy regulations, I must have written approval from you, the client, in order to speak with anyone else about your case. I recommend you list at least one other family member and any other health care practitioners you would like to have access to your information. Without this authorization, I cannot even acknowledge you are a client when speaking to your spouse or adult child.

I, _____, give the staff at Kailo Counseling permission to speak to the following people regarding my health and health care:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signed: _____ *Date:* _____

Important: Should you chose to revoke this permission, I must have that request in writing from you.