

## PRIVACY CONSENT

*On Nutrition* requires your consent to use and disclose your protected health information to carry out treatment, payment and healthcare operations. If you would like a more detailed description of such uses and disclosures please refer to our Notice of Privacy Practices. You have the right to review our Notice of Privacy Practices before signing this Consent. The terms of our Notice of Privacy Practices of *On Nutrition* may change from time to time. You can get a copy of our revised Notice of Privacy Practices by contacting our office at 585-770-1045. We will also post a copy of our current Notice of Privacy Practices in our office.

You have the right to request that *On Nutrition* restrict how it uses or discloses protected health information to carry out treatment, payment, or health care operations. *On Nutrition* does not have to agree to such requests, but must honor the requests to which it agrees.

You have the right to revoke this consent in writing and the revocation will be effective except to the extent *On Nutrition* has acted in reliance on your consent.

By signing below, you hereby consent to our use of your protected health information, payment and health care operations and acknowledge receipt of a copy of this Consent if requested.

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

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

A message: ( ) Can ( ) Can not  
be left on my home/cell phone (Please check one.)

It is acceptable to contact me by e-mail: ( ) Yes ( ) No (Please check one.)

**Please be advised that e-mail contact is for your benefit only and information will not be shared without additional consent from you. However, e-mail exchange is not inherently secure.**