



## Authorization for Release of Information

I authorize Pediatric Nutrition of Green Hills LLC (2003 Blair Boulevard, Suite 200, Nashville, TN 37212)

To exchange  
Records with \_\_\_\_\_

Name of receiving person, agency, or institution

Address

City

State

Zip

Telephone Number

With regard to \_\_\_\_\_

Patient's Name

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Date

## Patient Written Acknowledgement Confirming Receipt of Privacy Notice

I have received **Pediatric Nutrition of Green Hills, LLC** HIPAA Privacy Notice.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date