



Client Registration

Authorization to Release Healthcare Information

Name		Date of Birth
Address		
Marital Status	Gender	Preferred Pronoun
Preferred Phone	Email Address	

Client/Family Contact Information

Parent(s)/Spouse Name	Parent/Spouse Phone
Phone (Day/Evening)	Cell Phone
Email Address	

Primary Care Physician

Name	Phone # / Fax #
Address	
Details: Frequency of Session, date of last contact	

Psychotherapist/Counselor

Name	Phone # / Fax #
Address	
Details: Frequency of session, date of last contact	

Psychiatrist/Other

Name	Phone # / Fax #
Address	
Details: Frequency of session, date of last contact	

I authorize the release of my protected health information with the above family member and/or providers.

Signature: _____

Date: _____



Parent/Guardian Signature: _____ Date: _____

HIPAA Communication Authorization

Virtual Nutrition Consulting is conducted via video conferencing and/or phone communication and may not be a confidential method of communication unless done through a HIPAA compliant telehealth platform. Communication for virtual consultations will be conducted through Zoom and/or GoToMeetings (HIPAA compliant).

Email: Communication by email is a way to personally communicate but also provides some level of risk that protected health information transmitted by unencrypted email which could be read by someone other than client. Please allow up to 24-48 hours to receive a response via email Monday through Friday. For emergencies, please contact your emergency contact.

- Children/Adolescents under 18 years of age: Parent or Guardian email will be used as primary source of email communication.

Phone/Text: Communication by phone and/or text is a personal communication with some level of risk that protected health information could be read by someone else other than me.

- Children/Adolescents under 18 years of age: Parent or Guardian phone/text will be used as primary source of email communication.

Social Media: Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend requests or contact requests from current or former clients on Facebook, LinkedIn, Twitter, and/or Instagram. ROAM Nutrition believes adding clients as friends or contacts on these sites can compromise your confidentiality and privacy. You are more than welcome to “follow” or “like” the ROAM Nutrition business page(s). If you have questions about this, please bring to the consultations and we can discuss.

Please check all that apply on preferred communication:

- Email Phone Text All communications

I acknowledge I have been made aware of the HIPAA Communication Authorization.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

You have the right to revoke this authorization at any time by contacting us by email at njroams@gmail.com