Authorization for Ross Nutrition PLLC to Share Health Record with Nutrition Professional

If you complete this form, Ross Nutrition PLLC will share details about your personalized nutrition plan with the nutrition provider(s) you list below. The information shared will include chart notes from the past 12 months.

Fax the completed form to 941-213-5822
OR
Upload it to your client portal and notify Dr. Ross via Chat (in the portal) that you have uploaded the form. If you do not send a Chat notification, I will not know you have made a request.

I, the client, authorize Dr. Kim Ross of Ross Nutrition PLLC to share my health and nutrition information with the nutrition professional(s) listed below.

My Information

Legal first name

Last name

Street

Unit

City

State/Province

Postal Code

Home Phone

Mobile Phone

Email Address

Date of Birth

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Nutrition Provider

Title

Legal first name

Last name

Street

Unit

City

State/Province

Postal Code

Work Phone

Mobile Phone

Fax Number

Email Address

Occupation

Client	
X	
Print name:	**Date:**