



ON TRACK NUTRITION & FITNESS CONSULTING

Katherine Bruno, RDN, CPT, CLT

Evidence-Based Nutrition • Fitness • Sustainable Lifestyle Change

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AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT INFORMATION

Client name (subject of records)

Date

PROVIDER AUTHORIZED TO RELEASE INFORMATION

Provider or organization name

Address or contact information

AUTHORIZATION

I authorize the provider or organization identified above to furnish the following information from my records to Katherine Bruno, RDN, CPT, CLT, at On Track Nutrition & Fitness Consulting:

- Summary of my record
- Copy of my record
- Telephone or email communication regarding my record

ACKNOWLEDGMENT

I expressly understand and agree that no legal responsibility or liability of any nature shall be attached to the counselor or other employee in acting upon this authorization and request.

SIGNATURES

Client signature

Date

Authorized representative's signature (if applicable)

For a parent, legal guardian, or other person legally authorized to act on the client's behalf.

Date

Printed name of authorized representative

Relationship to client