

Lifestyle Change and  
Nutritional Counseling  
Marriage, Family and  
Individual Counseling



PO Box 151373  
San Rafael, CA 94915  
kia@kailocounseling.com  
415.813.6183

### **IMPORTANT: Sharing your confidential health information**

In this new age of HIPAA privacy regulations, I must have written approval from you, the client, in order to speak with anyone else about your case. I recommend you list at least one other family member and any other health care practitioners you would like to have access to your information. Without this authorization, I cannot even acknowledge you are a client when speaking to your spouse or adult child.

I, \_\_\_\_\_, give the staff at Kailo Counseling permission to speak to the following people regarding my health and health care:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Important: Should you chose to revoke this permission, I must have that request in writing from you.*