Lora Williams, MS, RD, LD
Dietitian
121 W. Hickory St., suite 101
Denton, TX 76201
(940) 536-4433

RELEASE AUTHORIZING THIRD PARTY DURING OFFICE VISIT CONSULT

I hereby give permission and authorize _____ to be present during the dietitian office visit consult while I am receiving nutrition assessment and education on (date) _____.

I understand that information discussed during my appointment could include mention of alcohol, drug, mental health history and / or treatment, or other personal health related information about me.

I understand that an interpreter (if applicable) may assist with my medical treatment for language translation purposes only. I also understand that giving the above consent is solely my decision.

I release Full Circle Nutrition and Lora Williams, MS, RD, LD from any breach of confidentially that may occur as a result of or in connection with the above named person's presence in the office visit during my consultation with the dietitian.

Signature _____ Date _____

Printed Name _____

Witness Signature _____ Date_____

Printed Name _____