



Lora Williams, MS, RD, LD
Dietitian
721 N. Locust St.
Denton, TX 76201
(940) 380-8780

**RELEASE AUTHORIZING THIRD PARTY
DURING OFFICE VISIT CONSULT**

If someone other than the patient or someone other than family will attend the consult with the child, fill this form out. Otherwise, this form is not needed. (example spouse, friend, parent of child older than 18 years.)

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 confidentiality 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 _____