



Live Smarter Nutrition & Wellness
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CLIENT RELEASE FOR FAMILY NUTRITION COUNSELING

I understand that during couple/family nutrition therapy, all participating family members are considered to be clients. All participating family members have the right to protection of their protected health information. If release of protected health information drawing from counseling sessions where more than one person in the family is participating in the family therapy sessions is requested by any of the participating family members or by a third party, each participating family member who is legally competent to execute a waiver must agree to the waiver (permission for release of information). During the course of work with a couple or a family, counseling may be provided for a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the larger work with the family or the couple, unless otherwise indicated. I acknowledge that my protected health information may be shared with the following family members I list below:

Approved family member #1: _____

Approved family member #2: _____

Approved family member #3: _____

Approved family member #4: _____

Approved family member #5: _____

Client Signature: _____

Name (printed): _____

Date: _____