

ROBYN L. GOLDBERG, RDN, CEDRD, INC.
Nutrition Therapist
A Professional Corporation
360 N. Bedford Drive Suite 414
Beverly Hills, CA 90210
(310) 273-0413

AUTHORIZATION TO OBTAIN or RELEASE CONFIDENTIAL INFORMATION

I authorize, Robyn L. Goldberg, RDN, CEDRD to

- Discuss my treatment progress with
- Obtain medical records or progress notes from
- Release medical records or progress notes to

the following individuals:

Primary Therapist Physician Personal Trainer Other

Name _____

Address _____

Phone _____

I understand that my records and treatment are confidential and will not be disclosed without my written consent unless under legal compulsion. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance therein.

Date: _____ Client Signature _____

Parent/Guardian Signature _____

I hereby revoke my consent:

Date _____ Signature _____