



Kay S Beatty, MS, RDN  
Healthy Weight Options, LLC

at Lakeside Manual Physical Therapy  
9445 Zachary Taylor Highway  
Unionville, VA 22567  
540-854-0367 (office)  
540-560-9232 (mobile)

**Release for Coordination with Primary Care Physician (PCP):**

**Client name (printed)** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Client address** \_\_\_\_\_

**Name of PCP** \_\_\_\_\_

**Address and phone number of PCP:**

\_\_\_\_\_

For the purpose of coordinating care, my dietitian may wish to exchange pertinent information about my current treatment with my primary care physician. I hereby authorize the use or disclosure of my individually identifiable health information. This release shall be valid until 365 days after my last date of treatment or until the time I revoke this release, which can be done at any time.

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*If you do not wish any information to be exchanged with your primary care physician, sign below.*

**I do NOT give permission to the practitioner named above to exchange information about my current treatment with my primary care physician.  
SIGNATURE IS REQUIRED**

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*If you do not have a primary care physician, sign below.*

**I do not have a PCP.**

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_