

TriHealth Fitness & Health Pavilion
AUTHORIZATION FOR USE OR DISCLOSURE
OF PROTECTED HEALTH INFORMATION

I, _____ (print member/participant name) hereby authorize the TriHealth Fitness & Health Pavilion (referred to as the “Pavilion”) to use and /or disclose my individually identifiable health, fitness assessment measures and exercise program information maintained at 6200 Pfeiffer Road, Cincinnati, OH 45242 as described below:

I authorize the following person(s) or organization to receive the information:

Physician Practice

Street Address

City, State and Zip Code

The following individually identifiable health information may be used and/or disclosed:

Check (X) all that apply:

_____ All records

_____ Results of fitness and/or assessment measures and recommendations

_____ Individualized Exercise Plan

_____ Workout Log

_____ Blood Lipid Profile/BodyGem Metabolism Assessment

_____ Notes from fitness specialist, athletic trainer and/or clinical exercise specialist