



TriHealth

Fitness & Health Pavilion

TriHealth Fitness & Health Pavilion
AUTHORIZATION TO DISCLOSE
FITNESS & EXERCISE 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 and exercise measures and recommendations, fitness assessment results and exercise program information, test results such as blood lipid profiles and/or BodyGem Metabolism Assessment, progress notes from fitness specialist, athletic trainer, personal trainers, dietician, and/or clinical exercise specialist, or any additional health and exercise information maintained at 6200 Pfeiffer Road, Cincinnati, OH 45242.

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

Physician Practice

Street Address

City, State and Zip Code

_____ I authorize to disclose the above information

_____ I do not authorize the above information to be disclosed to the above physician.

Signature of Participant

Date

Please Print Name

Signature of Witness

Date