



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