

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

This form, when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my psychologist, Dr. Marie Margenau-Spatz, to release or disclose my protected health records, as described below. (Provide description of the information you want disclosed. Your description should be as specific and detailed as possible.)

This information should only be released to (name and address of person to whom the information is to be released)

I am requesting my psychologist to release this information for the following reasons: ("at the request of the individual" is all that is required if you are my patient and you do not desire to state a specific purpose.)

This authorization shall remain in effect until one (1) year from the date below or until (fill in an event that relates to the individual or the purpose of the use or disclosure).

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to my psychologist's office address. However, my revocation will not be effective to the extent that my psychologist has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my psychologist will not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be re-disclosed by the recipient of this information and no longer protected by the HIPAA Privacy Rule or any other federal or state law.

Signature of Insured / Patient

Date

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.

Offices

New York City: 65 West 55th Street, Ste. 4B, New York, NY 10019 Tel.: 212-757-5755 Fax: 212-956-5655
Westchester: 29 Hughes Terrace, Yonkers, NY 10701-1744 Tel.: 914-963-1636 Fax: 914-963-3336
Website: www.TheChangeWorksCoaching.com Email: Marie@TheChangeWorksCoaching.com