

Sandra Braun

LICENSED MARRIAGE & FAMILY THERAPIST

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Patient Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize Sandra Braun, LMFT # 100801, to use and/or disclose certain protected health information (PHI) about me. This authorization permits Sandra Braun to use and/or disclose individually identifiable health information about me including: diagnostic code, date(s) of services and type of services.

The information will be used or disclosed for the following purpose: insurance billing

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information and so that my insurance can be billed. This authorization will expire at termination of treatment.

I do not have to sign this authorization in order to receive treatment from Sandra Braun, LMFT. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to Sandra Braun to the address listed above.

Signed by:
