

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION via EMAIL

I,

(DOB):

hereby give my permission to: Frank Sanfilippo, LCSW, Phone 207-400-4525, 96 Douglass St., Portland, ME 04102 to send me the receipts and insurance billing forms via email.

I understand this standard email correspondence is not HIPAA secure, and that the receipts will include the nature of services rendered (psychotherapy) and a diagnosis code. No other health information is included in these receipts, and there is no access to the content of my record.

I request this for the convenience of tracking expenses for services and/or submitting receipts for tax purposes.

Signed:

Date:

Notice to the recipient of information. This information has been disclosed to you from records, the confidentiality of which may be protected by Federal or state law. If the records are so protected, Federal Regulation (42CFR part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient in relation to alcohol or drug use.