DIVORCE COACHING & CONSULTATION SERVICES

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is defined by HIPPA and Texas Health & Safety Code 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. **Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws.** Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility for benefits.

NAME OF CLIENT OR INDIVIDUAL:

Name: _____
Last First Middle

OTHER NAME(S) USED: _____

DATE OF BIRTH: Month:_____Day: _____Year: _____

ADDRESS: _____
CITY: _____ STATE: _____ ZIP:_____
PHONE: ( )_____ALT. PHONE: ( ) _____
EMAIL ADDRESS: _____

I AUTHORIZE THE FOLLOWING TO DISCLOSE THE INDIVIDUAL'S PROTECTED HEALTH REASON FOR DISCLOSURE INFORMATION:

Person/Organization Name: _____
Address: _____
City: _____State: _____ Zip: _____
Phone: ( )_____ Fax: ( ) _____

WHO CAN RECEIVE AND USE THE HEALTH INFORMATION?
Robin Brown M.S., L.P.C.
Certified Divorce Coach
234 Maplewood Ln
San Antonio, Texas 78216
210-223-0779
210-887-1190

REASON FOR DISCLOSURE (Choose only one option below)

Treatment/Continuing Medical Care	Insurance	Other
Personal Use	Billing or Claims	
Legal/Coaching/Consulting Purposes	School	
Disability Determination	Employment	