

Release of Information continued:

This office DOES NOT disclose information for the purpose of marketing, sales, or research. Information is only shared from this office, with signed consent, for purposes relevant to assessment and treatment.

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to **Sharon L. Ward, MS, LPC, NCC** at 104 Maverick, Aledo, TX 76008. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. Sharon L. Ward, MS, LPC, NCC may refuse to release information that is deemed to be harmful to the patient as provided by law.

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, I reserve the right to disclose information as permitted by this authorization in any manner that I deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Redisclosure

As client of this office, I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be redisclosed by the recipient and the protected health information will no longer be protected by the HIPAA privacy regulations, unless a State law applies that is more strict than HIPAA and provides additional privacy protections. I understand that **Sharon L. Ward, MS, LPC, NCC** has no control over what is done with my personal health information once she releases it, with my consent.