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My Rights:

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment.
- The recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me, or unless the use or disclosure is specifically permitted by law.
- I reserve the right to withdraw or revoke this authorization, in writing, at any time, except to the extent that Dr. Levoy has already disclosed the information.
- I have a right to receive a copy of this authorization.

Printed Name of Patient

Date

Signature of Patient