

9. Revocation of Authorization

I understand that I have the right to revoke this authorization at any time in writing. My revocation does not apply to actions that Benefis Healthcare has already taken in reliance on my valid authorization prior to a revocation, nor does it apply to the disclosure to an insurance company if it is a condition of obtaining insurance coverage.

To revoke this authorization, I must submit the revocation in writing to Benefis Healthcare.

10. Refusal to sign this authorization

I understand that I do not have to sign this authorization as a condition of receiving treatment from Benefis Healthcare, except under the following circumstances:

If my treatment is research-related, it may be conditional upon receipt of an authorization to use or disclose my medical information as necessary for the research;

If my treatment is for the purpose of creating information for disclosure to a third party, the provision of the services may be conditional upon my signing an authorization.

11. Possible redisclosure

I understand that the information that is disclosed in accordance with this authorization is no longer under the control of Benefis Healthcare and may be further disclosed by the receiving party and that it may no longer be protected by Federal privacy rules.

12. Marketing

I understand that if I am authorizing the disclosure of my medical information for the purpose of marketing, Benefis Healthcare may receive payment as a result of disclosing my information.