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RELEASE OF INFORMATION TO HEALTH INSURANCE COMPANIES

I give permission to Dr. Catalina Arboleda, 950 Massachusetts Ave. Apt. 413, Cambridge, MA 02139, to release information to my health insurance company for the purpose of their reimbursing me for Dr. Arboleda's services. I understand that the release of information to my health insurance company is for the purpose of their determining the medical necessity of my treatment. When they consider it appropriate to review my treatment to determine whether they will authorize additional sessions, they may seek additional information.

You should be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide you. I am required to provide a clinical diagnosis. It is not unusual for me to be required to provide additional clinical information that will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do once it is in their hands. In some cases, they may share the information with a national medical information data bank. By signing this agreement, you agree that I can provide requested information to your carrier.

Insurance Company: _____

Signature: _____ Date: _____