SHIDEH LENNON, PH.D.
CLINICAL PSYCHOLOGIST
NYS Lic# 013428

(347) 273-1105

26 Court St – Suite 1014
Brooklyn, NY 11242

159 Green St – Suite 22
Kingston, NY 12401

Assignment of Benefits

Name of Beneficiary: _____

I request that payment of authorized benefits be made on my behalf to Dr. Shideh Lennon for services furnished to me by Dr. Lennon. I authorize any holder of medical information about me to release to _____ and its agents any information needed to determine these benefits payable for related services.

Signature: _____ **Date:** _____