

Primary Care Physician Consent Form

Communication with your primary care provider (PCP) can be important to make sure all care is complete and well coordinated. This form allows for that exchange of information. We do not release information without your signed authorization.

_____/_____/_____
Name SS Number or ID Number D.O.B

Insurance First Date of Service

Name of Physician Facility/Practice Address

Phone Number Fax Number

I, _____ Client Please Check One:
(PRINT Name of Patient/Client) Do **NOT** release any applicable information to my primary care physician.
 Release applicable information to my primary care physician.

Signature of Client Date Signed

OR

I/We, _____ on behalf of, _____
(PRINT Name of Parent(s)/Legal Guardian(s)) (PRINT Name of Child)

Parent or Legal Guardian Please Check One:
 Do **NOT** release applicable information to the child's primary care physician.
 Release applicable information to the child's primary care physician.

Signature of Parent or Legal Guardian Signature of Parent or Legal Guardian Date Signed

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, 45 C.F.R. parts 160 & 164 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), and any further disclosure for the purpose of treatment, payment, or health care operations, if permitted by state law. I understand that I may be denied services if I refuse to consent to a disclosure for other purposes. I understand that by signing this form I am confirming my authorization for use and/or disclosure of the protected health information described above with the people and/or organizations named above. I have read this release and understand its contents. I also understand that I may revoke this consent at any time by notifying the provider in writing (except to the extent that action has already been taken in reliance on it). This release will automatically expires twelve months from the date signed below or upon the date specified here.