



### Authorization to Disclose Protected Health Information to Primary Care Physician

Communication between Behavioral Health Providers and your Primary Care Physician (PCP) is important to ensure that you receive comprehensive and quality health care. This form will allow your Behavioral Health Provider to share Protected Health Information (PHI) with your PCP. This information will not be released without your signed authorization. This PHI may include diagnosis, treatment plan, and medication if necessary.

I agree to release any applicable mental health/substance abuse information to my PCP

My Primary Care Physician is \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I agree to release only medication information to my PCP

I **WAIVE NOTIFICATION** of my PCP that I am seeking or receiving mental health services, and I direct you **NOT** to so notify him/her.

I do not have a PCP and do not wish to see or confer with one. I therefore **WAIVE NOTIFICATION** of a PCP that I am seeking or receiving mental health services.

I, the undersigned understand that I may revoke this consent at any time. I have read and understand the information and give my authorization:

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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#### Patient Rights If you choose to end authorization:

You can end this authorization (permission to use or disclose information) any time by informing your counselor and signing below.

Patient Signature to end authorization \_\_\_\_\_ Date \_\_\_\_\_

If you make a request to end this authorization, it will not include information that has already been used or disclosed based on your previous permission. You cannot be required to sign this form as a condition of treatment, payment, enrollment or eligibility for benefits. You have a right to a copy of this signed authorization. Please keep a copy for your records. You do not have to agree to this request to use of disclose information.

#### Information to be completed by Behavioral Health Provider

(A copy of the PCP Disclosure will be sent to the PCP and the original will be kept in the client's file.)

I saw \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_  
(Name) (Date) (Diagnosis)

Summary: