Authorization to Disclose Protected Health Information to Primary Care Physician

(Sample form)

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

Patient Authorization

☐ 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 mediation 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.

_____

Patient Signature Date

Patient Rights:

- You can end this authorization (permission to use or disclose information) any time by contacting:_____
- 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

I saw _____ on _____ for _____

(Patient Name) (Date) (Reason/Diagnosis)

Summary:

_____

_____

_____

_____

_____

_____

Provider: Please send a copy of this signed form to the PCP and keep the original in the treatment record.