

Consent to Release Information
to Primary Care Physician
(PCP)

Our goal is to provide you with the best possible care at Empowerment Counseling Center. In an effort to maintain a continuity of your treatment, communication between behavioral health provider (s) and your primary care physician will assist us in that goal. The information we may request and release includes diagnosis, treatment plan, medication and your progress. We will not contact the PCP without your signature below. We respect your right to privacy and confidentiality.

Patient Name: _____ Patient DOB: _____
Patient SSN: _____

I authorize Empowerment Counseling Center to release receive exchange information as it relates to the continuity and coordination of my care and treatment to:

Primary Care Physician:

Address:

I, the undersigned, understand that I may revoke this consent at any time to the extent that action has been taken in reliance upon it and that in any event this consent shall expire upon termination of treatment or nine months from date last seen. I have read and understand the above information and give my consent:

Please Check only One and Sign:

- To release any applicable mental health/substance abuse information as indicated above, to my PCP
 DO NOT release any information to my PCP

Patient/Parent/Guardian Signature Date Witness Date

Information for PCP:

Date Patient Seen: _____

- Treatment Plan Individual Therapy Medication Evaluation
 Family Therapy Medication Management
 Group Therapy Substance Abuse Group

To Be Completed by Psychiatrist or Nurse Practitioner:
The following medications were prescribed:

- Medication was not indicated
 Patient refused medication
 Referral to therapist in conjunction with medication Prior to beginning medication
 I recommend the following medical intervention before at the same time this patient begins psychotropic medication: _____

Medical exam/work-up for: _____

Lab Tests for: CBC Thyroid Chemical Panel EKG Other

Please call me to discuss this case further.

Provider's Name

Signature