Ingram & Associates
LET'S TALK!
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# Coordination of Care between Health Care Providers and Release of Information

Date: _____

**Primary Care Physician (PCP) or Psychiatrist:** _____

Address: _____

**Phone:** _____ **Fax:** _____

**Re**: _____ **Client's DOB:** _____
**(Client)**

Dear Dr. _____:

The above-named client has identified you as their PCP/Psychiatrist. We have discussed the importance of coordinating an individual's total health care across health care professionals. This client has given their consent for me to contact you, introduce myself as the behavioral health care practitioner and work directly with you when necessary.

At the present time, this client has been in care with me since _____.

The above-named PCP/Psychiatrist is authorized to release protected health information related to the evaluation and treatment of the abovementioned client.

**Client Authorization**
I hereby authorize above-named PCP/Psychiatrist to release verbally and/or in writing information regarding any medical, mental health and/or alcohol/drug abuse diagnosis or treatment recommended or rendered to the following identified Client. I understand that these records are protected by Federal and state laws governing the confidentiality of mental health and substance abuse records, and cannot be disclosed without my consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time and must do so in writing. A request to revoke this authorization will not affect any actions taken before the provider receives the request. This consent expires upon the termination of treatment.

Disclosure may include the following verbal and/or written information:

❑ **Summary of treatment records and contact dates.**
❑ Other _____

❑ I hereby refuse to give authorization for any release of information.

_____ _____
**Signature of Client, Parent, Guardian or Authorized Representative** **Date**
*If signed by a guardian or authorized representative, please provide legal documentation that proves such authority under state law (i.e. Power of Attorney, Living Will, or Guardianship papers, etc.)*

Sincerely,

Clinician
Ingram & Associates Counseling & Consulting, Inc.,