

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 Primary Care Physician (PCP). This information will not be released without your signed authorization. This PHI may include diagnosis, treatment plan, progress, and medication if necessary.

I, _____, _____, _____, _____, _____, _____
 (Patient Name - Please Print) Social Security Number Patient Date of Birth - MM/DD/YYYY

authorize _____, at Fuelling & Associates, LLC to release protected health information related to my evaluation and treatment to:

PCP Name: _____ PCP Phone: _____

PCP Address: _____
 (Street) (City) (State) (Zip Code)

Information to be completed by Behavioral Health Provider		
I saw _____ (Patient Name - Please Print)	on _____ (Date)	for _____ (Reason/Diagnosis)
Summary: _____		
<input type="checkbox"/> The patient reports taking the following medications prescribed by you: _____		
<input type="checkbox"/> The patient reports the following medication response: _____		
<input type="checkbox"/> The patient is referred to (psychiatrist): _____		
<input type="checkbox"/> The patient refuses referral to a psychiatrist: _____		
<input type="checkbox"/> Other treatment recommendations: _____		
If you have any questions or would like to discuss this case in greater detail, please call me at 660-429-6678.		
_____ Provider Signature	_____ Provider Printed Name	_____ Licensure

Patient Rights

- ❖ You can end this authorization (permission to use or disclose information) any time by contacting in writing; your mental health therapist; or the secretary at this office
- ❖ 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. For more information about this and other rights, please see the applicable Notice of Privacy Practices.
- ❖ You cannot be required to sign this form as a condition of treatment, payment, enrollment, or eligibility for benefits.
- ❖ Information that is disclosed as a result of the Authorization Form may be re-disclosed by the recipient and may no longer be protected by law.
- ❖ You do not have to agree to this request to use or disclose your information. Refusal may limit coordination of services and full benefit or effectiveness of treatment.

Patient Authorization

I, the undersigned understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it and that in any event this consent shall expire twelve (12) months from the date of signature, unless another date is specified. I have read and understand the above information and give my authorization: PATIENT PLEASE INITIAL ONE

_____ To release any applicable mental health / substance abuse information to my primary care physician.
 _____ I DO NOT give my authorization to release any information to my primary care physician.

 (Patient Signature) (Date) (Signature of Patient's Authorized Representative) (Date)

If signed by Authorized Representative, describe relationship to patient: _____

PROVIDER: PLEASE SEND A COPY OF THIS SIGNED FORM TO THE PRIMARY CARE PHYSICIAN AND KEEP THE ORIGINAL IN THE TREATMENT RECORD

NOTICE OF RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulation on the confidentiality of alcohol and drug abuse records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse patient.