



Find Peace, Even In The Toughest Situations

Christian Psychotherapy Services

CONSENT TO RELEASE INFORMATION TO PRIMARY CARE PHYSICIAN (PCP)

Our goal is to provide you with the best possible care at Christian Psychotherapy Services. 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 Christian Psychotherapy Services to release receive exchange information as it relates to the continuity and coordination of my care and treatment to:

Primary Care Physician _____ Phone _____

Address _____

Street _____ City _____ State _____ Zip _____

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 _____
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Information for PCP:

Date Patient seen _____

- | | |
|--|--|
| <input type="checkbox"/> Individual Therapy
<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Group Therapy | <input type="checkbox"/> Medication Evaluation
<input type="checkbox"/> Medication Management
<input type="checkbox"/> 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 _____
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