COASTAL MENTAL HEALTH CENTER Consent For Primary Care Physician (PCP) Contact

At CMHC we strive to provide the most comprehensive treatment to you and/or your child. Based on this, we are asking that you allow us to notify your PCP that you or your child are now involved in mental health counseling and/or psychiatric services. In this way there is a continuum of care between practitioners who are committed to the care and well-being of you or your child.

We will initially send the attached letter with a copy of the Release of Information that you sign. At any time that there is a need for communication between practitioners we will do so. The other practitioner will be able to do the same. You may also request this at any point in your treatment.

Should you change or add providers we ask that you notify staff working with you so that we can update this information.

Please complete the following information in addition to the attached release of information.

Name of Primary Care Physician:						_	
Telephone Number:	_()		ext:		<u>.</u>	
Secondary Physician: Telephone Number:				ext		<u></u>	
Client or Parent Guardian Signature		X	Dat	te	-		
I, or the child I am parent/guardian to, corecommended that I obtain one. Should referral program in my area. Once obtain above process can be completed.	PCP: urrently I need	y do not l	have a PC ce with thi	P and undis I will b	derstand be referre	d to the Ph	ysicians
Client or Parent Guardian Signatu	re			Date	_		
2. Choose not to have my l	PCP c	ontacte	<u>ed</u> :				
I choose not to have my PCP or any oth involvement in mental health and/or psy medication or there be a significant even be discussed with me. If it is felt that fa providing medical treatment to me or th understand that CMHC reserves the right services elsewhere made.	chiatric nt that v ilure fo e child	c service warrants or CMHC I am par	s. I under medical control to be ablusted to be abl	stand that onsultation e to constant ian to ma	t should on this is: ult with t y result i	I be prescrisue will be the MD(s) in harm to r	ibed again who are me I
Client or Parent/Guardian Signat	ure			Date		(7/0)8)