

# Letitia D. Brown, LCSW Caring for Our Community

## CLIENT CONSENT TO EXCHANGE INFORMATION

Insurance plans and managed care organizations (MCO) encourage the exchange of information between LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY and your Primary Care Physician (PCP) as well as other service providers to coordinate medical and psychiatric care.

**Please make a selection below:**

- I give consent for information regarding my treatment to be shared with my PCP/Referring Physician/Pediatrician/Therapist/Psychiatrist as follows:

Name of PCP: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_ Therapist Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_ Therapist Phone: \_\_\_\_\_

Location: \_\_\_\_\_

- I **do not** wish to have information regarding my treatment with this practice released to my PCP & other service providers.

### Third Party Access

I authorize LETITIA BROWN, LCSW, CARING FOR OUR COMMUNITY to disclose current healthcare information with the family/others listed below.

\_\_\_\_\_  
Spouse/Partner

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Sibling

\_\_\_\_\_  
Other

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_