

RELEASE OF INFORMATION TO
PRIMARY CARE PHYSICIAN (PCP)

Your PCP is the medical representative responsible for coordination of your total care. Therefore, it is appropriate for him or her to be aware of the psychotherapy taking place under my care. With your permission, I would like to communicate basic treatment information to your PCP after your initial consultation session. Any further communication will require additional permission.

Please initial the appropriate statement:

Please **DO NOT** contact my PCP after my initial session: _____

Please **DO** contact my PCP after my initial session: _____

My PCP is: _____

Address: _____

City

State

Zip

Phone: _____ Fax: _____

Signature: _____ Date: _____

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