



Center For Integrated Well-Being, Inc.

PRIMARY CARE PHYSICIAN RELEASE OF INFORMATION & CARE COORDINATION

CLIENT NAME: _____ DOB: _____ Date: _____

Many insurance companies are requesting that Mental Health Providers have contact with a client's primary medical physician. It can be helpful to have this coordination given the link between physical and mental health. It is your choice whether or not to do this; you will not be treated any differently if you choose not to.

Do you currently have a Primary Care Physician? (circle one) YES NO
If NO, please sign/date below; if YES, please complete the form and sign/date below

Please select the option below that applies to you:

- NO, I do not want any communication with my medical doctor.
- YES, I want you to notify my medical doctor that I am receiving care at the Center for Integrated Well-Being Inc.

Signed: _____ Date: _____

Print Name: _____ Relationship: _____
(Adult for Minor Client) (Self, Parent, Legal Guardian)