

## RELEASE OF INFORMATION FOR PRIMARY CARE PHYSICIAN

It can frequently be useful for your/your child's physician to know that he/she is involved in therapy, particularly if there is a need for medical intervention. Many insurance companies now request contact between psychologists and primary care physicians. You have the right to determine whether your physician knows about your/your child's treatment or not, and your treatment records are protected by confidentiality laws. No information will be released without written consent. This release will stay in effect unless you sign to revoke it with us.

I, \_\_\_\_\_, hereby authorize

**Dr. Tawnya S. Foster**

Please check one:

to exchange any applicable information with my /my child's physician

to exchange only medication information with my/my child's physician

not to exchange information with my/my child's physician

Patient name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Signature of patient or parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_