

10245 E. Via Linda Blvd.
Suite 105
Scottsdale, AZ 85258

PERMISSION TO COORDINATE CARE BETWEEN HEALTH PROVIDERS AND PSYCHOLOGIST

Under Arizona law, health information may be shared with your other current health care providers for the purpose of diagnosis and treatment. It is often helpful to share clinical information about your diagnosis and treatment so that each professional can provide the most appropriate care.

INSTRUCTIONS FOR THE PATIENT: If you would like us to coordinate care with your other health care providers by sharing personal/confidential information about your care, please give us the names of the these professionals, check the appropriate boxes below, and then sign & date. Thanks.

I instruct Gabrielle Lawrence, Ph.D. to provide my behavioral health diagnosis, treatment, and other clinical information to my primary care provider and/or my psychiatric provider to promote the coordination of my behavioral health and general medical care. I also allow my other health providers to provide information to Dr. Lawrence about health issues that may have a bearing on my treatment. I am aware that I may withdraw my consent to the exchange of protected health information (PHI) only to the extent that reliance has been taken.

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|------------------------------------|-----------------------------------|
| Primary Care Provider _____ | Psychiatric Provider _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |
| Evaluator _____ | Other Provider _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |
| Other _____ | Other _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |

I would prefer that NO information about my behavioral health diagnosis, treatment, and other clinical information be sent to my primary and/ or my psychiatric provider.

Patient Name _____ Date of Birth _____ / _____ / _____

Patient/Legal Guardian Signature _____ Date _____ / _____ / _____

DEAR HEALTH CARE PROFESSIONAL: I have seen the above named patient for outpatient behavioral health treatment and they have consented to the sharing of clinical information. The following may be helpful to you in managing the patient's medical care.

Psychologist: Gabrielle Lawrence, Ph.D. 5040 E Shea Blvd, #268, Scottsdale, AZ 85254
Phone: 480-607-5030 Fax: 480-948-9054, gabrll@cox.com, www.health4relationships.com

The patient was initially seen by me on the following date: _____ / _____ / _____

Tx Plan/Additional Information: _____

This form is for your information only. It is not necessary that you send medical records. You may contact me if you wish to discuss the patient's care further or if you need any additional information from me.