

(Please print and sign the bottom of this form only if it is applicable.)

Date:

Dear Dr.

I am writing to inform you that your patient _____ (D.O.B) _____, has begun psychotherapy with me to address personal concerns. If you have any questions or would like to share information that would be helpful to the care of this patient, please contact me at 319-981-2122. Below is a signed copy of the Client Authorization to Release Protected Health Information.

Sincerely,

Juliene Lemon, LMHC
Licensed Mental Health Counselor

RELEASE OF INFORMATION TO PRIMARY CARE PHYSICIAN

In order to provide you with the highest standard of care, we are requesting your permission to coordinate your treatment with your Primary Care Physician. If you would like for your care to be coordinated, please sign below and also fill out the Release of Information Form.

___ I have a Primary Care Physician and I would like for information to be shared with him or her.

Client Signature

Date