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**AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION  
PRIMARY CARE PHYSICIAN NOTIFICATION**

I \_\_\_\_\_ authorize Kathryn G White, PhD

Please check one \_\_\_\_\_ To release any applicable mental and medical health information to my PCP  
\_\_\_\_\_ To release any applicable substance abuse information to my PCP  
\_\_\_\_\_ To release only medical information to my PCP  
\_\_\_\_\_ I do NOT AUTHORIZE release of any information to my PCP, listed by name below

I may revoke this authorization at any time except to the extent that action has been taken in reliance upon it. If I do not revoke this authorization, it will expire (1) year after I have terminated treatment.

\_\_\_\_\_ ID Number (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Print name of Patient or Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient or Guardian

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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The above patient has consulted with me. I hope that the following information will be helpful in coordinating this patient's care. Please call if further information would be helpful.

Date of initial consultation \_\_\_\_\_ Session frequency: weekly / biweekly / monthly / as needed / none

Diagnoses and/or presenting problems \_\_\_\_\_

Treatment recommendations \_\_\_\_\_

Medication and other Mental Health provider as reported by patient \_\_\_\_\_

**NOTICE TO RECIPIENT OF INFORMATION**

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.