TriCity Family Services

NOTIFICATION TO PATIENT OF DESIRABILITY OF CONFERRING WITH PRIMARY CARE PHYSICIAN

Pursuant to the Department of Human Services requirements, you are hereby informed that it is desirable that you confer with your primary care physician, if you have one. I am required to consult with you regarding coordination of care with your primary care physician regarding your mental health treatment. Your primary physician will be notified that you are seeking or receiving mental health treatment unless you waive such notification.

Please indicate your wishes:

☐ **I WAIVE NOTIFICATION** of my primary care physician that I am seeking or receiving mental health services, and I direct you NOT to notify him/her.

☐ I do not have a primary care physician and do not wish to see or confer with one. I therefore **WAIVE NOTIFICATION** of a primary care physician that I am seeking or receiving mental health services.

☐ **I AGREE** to TCFS notifying my primary care physician that I am seeking or receiving mental health services. I am signing the attached Authorization to Release Information permitting you to communicate with said physician.

My primary physician is:_____

Address:_____

_____

_____ Date: _____
Patient

_____ Date: _____
Parent or guardian of minor or ward

NOTIFICATION TO PRIMARY PHYSICIAN OF PATIENT RECEIVING MENTAL HEALTH SERVICES

The Department of Human Services requires that TriCity Family Services offer/provide coordination of care with primary care physicians regarding a client's mental health services. You are hereby notified that

_____ is seeking or receiving such services from me. The patient has signed an Authorization for Release of Information, a copy of which I am enclosing for your record. I look forward to the opportunity to confer with you about this patient as the occasion or need arises. Please contact me at 630-232-1070 at any time.

_____ *Of* **TriCity Family Services**
Print therapist name **1120 Randall Court, Geneva, IL 60134**
630.232.1070

_____
Signature of therapist