



**Psychological  
Health  
Roanoke<sub>PC</sub>**

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

DOB \_\_\_\_\_

### **Release for Coordination With Psychiatrist:**

For the purpose of coordinating care, my behavioral healthcare practitioner may wish to release pertinent information about my current treatment to my psychiatrist. I hereby authorize the use or disclosure of my individually identifiable health information. This release shall be valid until 365 days after my last date of treatment or until the time I revoke this release, which can be done at any time.

**Name of Psychiatrist**

**I do not have a psychiatrist.**

(Check One) I do  I do NOT  give permission to the practitioner named above to exchange information about my current treatment with my Psychiatrist.

**SIGNATURE IS REQUIRED**

Patient (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

### ***Below this line is to be completed by Psychological Health Roanoke Clinician***

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Dr. \_\_\_\_\_:

In an effort to coordinate care, I want to inform you that your patient (named above) was seen by me on \_\_\_\_\_ for treatment of \_\_\_\_\_.

**Current recommendations for the type and setting of treatment include:**

- |                                                   |                                                          |
|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Individual Psychotherapy | <input type="checkbox"/> Evaluation                      |
| <input type="checkbox"/> Family Psychotherapy     | <input type="checkbox"/> Intensive Outpatient Program    |
| <input type="checkbox"/> Group Psychotherapy      | <input type="checkbox"/> Partial Hospitalization Program |

Inpatient Unit

Comments: \_\_\_\_\_

\_\_\_\_\_ If you need any further information, please contact me at 540-772-5140 or fax at 540-772-5157.

Sincerely,

Clinician: \_\_\_\_\_