



When you are in therapy, what your doctor needs to know...

When you or your family member needs to see more than one doctor or health care provider, your care can become more complex. This is true whether you see more than one medical doctor or a therapist.

Some questions you might be wondering about include:

- Why is it anybody's business when I go to therapy?
- Why does my doctor need to know about my personal problems?
- Why does my therapist need to talk to my psychiatrist or medical doctor?

The answer to these questions should be discussed with your doctor or therapist.

For example, it is very important for doctors and therapists to communicate at these times:

- **When you start therapy.** Sometimes problems can be caused by medical conditions. For instance, depression is sometimes linked to certain medical problems. Other times, depression or anxiety may play a part in your medical condition.
- **When you start or change medications.** Your doctor can help make sure that the medicines you take can be safely used together.
- **Changes in health status.** If your health changes, your doctor needs to know to see if you need to have any tests or changes to your medicines.
- **Laboratory findings.** Ask that a copy of any tests be sent to your doctor. This will help your doctor monitor your care and prevent you from having extra tests done.

Be your own Health Care Manager

Take an active part in managing your own care. Ask your therapist to call your doctor. He or she will ask you to sign a form to give permission to share the information. On the form you can list what type of information you would like shared, such as diagnosis, lab work, and medications. You are your own best advocate.



Authorization For The Use Or Disclosure Of Health Information

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It is important for your doctor to have all of your medical information to ensure that you receive the best care possible. The purpose of sending the health information to your doctor is to assist in identifying any follow-up medical care that may be needed.

Please allow us to send your health information to your doctor by signing the release of information below. We will only send information that pertains to your care.

Member/Individual Name: _____
Member/Individual ID
or Social Security Number _____
Member/Individual Date of Birth: _____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize _____ to release my health information to:

Dr. _____ [] Primary Care Doctor [] Therapist
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Fax _____

INFORMATION TO WHICH THIS AUTHORIZATION APPLIES

- All health information pertaining to any medical history, mental or physical condition, and treatment received.
- Only the following records or types of health information (including any dates):

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- I specifically authorize the release of personal health information relating to drug and/or alcohol abuse. The recipient of drug and/or alcohol abuse information disclosed as a result of this Authorization will need my further written authorization to re-disclose this information.



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NOTICE OF RIGHTS AND OTHER INFORMATION

Complete your acknowledgement that You understand that:

- You have the right to review the information that is being used or disclosed;
- You do not have to complete this authorization and your refusal will not affect your benefits unless this authorization is necessary to determine you benefits;
- The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws;
- You have a right to revoke this authorization at any time; and
- You have a right to receive a copy of this signed authorization.

Permission/authorization to release this information expires one year from the date below.

Patient Signature: _____

Date: ___ ___ / ___ ___ / ___ ___ ___ Time: _____ am / pm

Signature: _____
*Guardian/Parent/Authorized Representative***

*** Attach a copy of the appropriate legal document granting authority*