



**COORDINATION OF CARE WITH PRIMARY CARE PROVIDER** Communication of your treatment plan with your Primary Care Provider (PCP) is important to your overall health care. In addition, your insurance company monitors records to insure that there is evidence of communication to the Primary Care Provider. Please sign the necessary Authorization to Release this information to your primary care provider.

I, \_\_\_\_\_, authorize Pleasant Care Behavioral Health Services, Inc., to release medical information, including that pertaining to (select one below)

( ) MY \_\_\_\_\_

( ) My MINOR CHILD'S \_\_\_\_\_ mental health and substance

Notice to Recipient: This information is protected by Federal (42CFR, Part 2) and State laws regarding confidentiality. These statutes prohibit you from disclosing this information to anyone else. A general authorization is not sufficient in regards to mental health and / or substance abuse information.