

PLEASANT CARE BEHAVIORAL HEALTH

905 medical Centre drive, Arlington, Tx, 76012 Phone: (817) 461-3823 Fax: (817) 461-3823

treatment plan with your Primary Care Provider (PCP) is important insurance company monitors records to insure that there is evid Provider. Please sign the necessary Authorization to Release thin.	t to your overall health care. In addition, your lence of communication to the Primary Care s information to your primary care provider.
I,	including that pertaining to (select one below)
() MY () My MINOR CHILD'S	mental health and substance
Print Full Name of Minor	
abuse, to my Primary Care Provider. This authorization is effective	until revoked by me in writing.
My Primary Care Provider is	
Address of Primary Care Provider	
Phone Number: Fax	
Signature xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	vare
To PCP : your patient	was seen by
us on//	
Treatment prescribed: Medication(s)	
Purpose:	
Referral to Therapy:	
Other:	
Recommended Lab Monitoring:	
Pleasant Care Behavioral Health Services, Inc. Provide	r

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.