PRESBYTERIAN

Presbyterian Health Plan
Presbyterian Insurance Company, Inc.

Behavioral Health Release of Medical Information and Coordination of Care Form

Release of medical information from _____ to _____
(Practitioner Name) (Practitioner Name)

Patient Name: _____ DOB: _____

Member Number (ID)/Social Security Number: _____

Records to be released:

☐ All health records ☐ Health records related to drug/alcohol/substance abuse
☐ Health records related to emotional/mental/developmental disabilities/psychiatric conditions **(excludes psychotherapy notes)**
☐ Other: _____

☐ **I authorize** the above checked records to be released as indicated above.

_____ _____
Patient's Signature Date

☐ **I do not authorize** information about my physical/behavioral health treatment to be released:

_____ _____
Patient's Signature Date

Cancellation/Expiration: I understand that I may cancel this authorization at any time by sending my health care providers my cancellation notice in writing. I understand that my health care providers may have already released records according to this authorization prior to receiving my notice of cancellation.

Unless Cancelled this authorization expires**:** _____

Health Care Coordination Information

Treatment start date: _____ ICD-9 DX: _____
DSM-IV DX: _____

Medication Managed by: _____

Medication/Dosages:

1. _____ 2. _____

3. _____ 4. _____

Treatment Plan: _____

_____

_____

If there is additional information you feel I should know in order to provide the best possible care to this patient, especially any coexisting medical conditions, or if you would like to discuss treatment, please contact me.

_____ _____ _____
Practitioner's Signature Date Telephone

Confidential Protected Health Information. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.

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