

Child and Family Charities
4287 Five Oaks Drive
Lansing, MI 48911
517-882-4000
517-882-3506 (FAX)

Consent for Primary Care Physician Communication

I, (name of client) _____ hereby

consent

do not consent

to verbal and/or written communication between Child and Family Charities and my primary care physician:

Name of Physician: _____

Address: _____

Phone: _____

regarding the following information:

name, demographic information, biopsychosocial assessment information, diagnostic impression, recommendations for treatment and ancillary services, prognosis, master treatment plan, treatment progress, discharge planning, and overall prognosis.

The purpose of the authorized communication is: to provide continuity of care.

I understand that my records are protected under the Mental Health Code, Section 330.1748 of Public Act 258, and the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand my records cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

One year following the closure of client's file or one year from the date of this consent, whichever comes first.

(Signature of Participant)

(Date)

(Signature of Parent/Guardian if Participant is a minor)

(Date)

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.