

Another Road Counseling LLC

Clinician: Abigail DuPree LMSW
31580 Schoolcraft Rd, Livonia, MI 48150
Phone: 248-779-6364 Fax: 734-422-1330

Coordination of Care with Provider

Patient Name:	DOB:
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_____ Authorize _____ Do Not Authorize

The release of information between Another Road Counseling LLC and:

Provider Name:	Phone:	Fax:	
Address	City:	State:	Zip:

OPTIONAL: The following additional PHI can be discussed ONLY if you initial by each of the following:
I understand that this information may include HIV-related information and/or information relating to the diagnosis or treatment of other communicable diseases and/or substance abuse and that by signing this form, I am specifically authorizing the release of information relating to:

____ HIV Related information _____ Hepatitis
____ Alcohol and drug treatment information (Protected under 42CFR Part 2) _____ Tuberculosis "TB"
____ Sexually transmitted diseases (Specify) _____

To exchange information regarding mental health treatment. The information exchanged may include diagnosis, psychiatric evaluation, treatment goals, medications prescribed, symptoms reported, safety information, and/or any medical concerns related to care. The purpose of this disclosure is for the coordination of care between Another Road Counseling LLC and my psychiatrist. This release expires upon termination of my treatment with Another Road Counseling LLC or upon my written request.

PATIENT SIGNATURE

PRINTED NAME

DATE

CLINICIAN SIGNATURE

Abigail DuPree LMSW
PRINTED NAME

DATE

OFFICE USE ONLY		
TREATMENT INFORMATION		
Admission:	Diagnosis:	
Treatment Frequency:	Potential medical concerns reported by client:	
Relevant treatment information:		
Signature of Clinician:	Printed Name of Clinician: Abigail DuPree LMSW	Date:

No response is required; however, I would appreciate contact if there is any information you feel would be appropriate to support this client's medical or mental health treatment.