Michelle Klein Counseling
3943 S. Atherton St
State College, PA. 16801-8308

Primary Care Physician Consent Form

Patient's Name___________________________________ Date of Birth_____________

Primary Care Physician's Name ____

Group Name ____

Address ____

Phone # _____________________________ Fax# _____________________________

The above referenced patient is being seen by Michelle M. Klein, LPC for mental health treatment. I would like to collaborate with you on this patient's care. Please call if you have any questions, concerns or recommendations regarding this patient's treatment. If you have any questions please call the office at (814) 466-9322.

AUTHORIZATION: (please check all that apply)
__________ I authorize my primary care physician listed above to fax my current medication list, history, and physical to Michelle M. Klein, LPC at
__________ I authorize verbal discussion between my PCP and Michelle Klein, LPC regarding my current and past treatment including psychiatric, drug/alcohol, and HIV/AIDS testing or treatment if applicable, for treatment and medical reconciliation.
__________ I authorize Michelle M. Klein, LPC to release the following written reports to the primary care physician listed above for treatment.
__________ Psychological Evaluations __________ Treatment Plan

__________ Progress Notes __________ Discharge Summary

Initial here if you DO NOT want drug/alcohol _________ or HIV/AIDS information to be released. this consent may be revoked at any time unless the disclosure has already taken place, and will remain in effect for 120 days from the date of discharge unless revoked by me in writing. I have been offered and have (please circle) declined/ accepted a copy of this consent.

_____________________________________ _____________________
Signature of Patient/Client (if 14 or older) Date

_____________________________________ _____________________
Signature of Parent/Guardian (if patient is under 18) Date

_____________________________________ _____________________
Witness Signature Date