

Notification to Patient of Desirability of Conferring with Primary Care Physician

Pursuant to Illinois law, you are hereby informed that it is desirable that you confer with your primary care physician, if you have one. If you have a primary physician, I am required to notify him or her that you are seeking or receiving mental health treatment unless you waive such notification.

Please indicate your wishes:

___ My primary physician is _____

Address _____

___ I agree to your notifying my primary care physician that I am seeking or receiving mental health services. I am signing the Authorization to Release Information permitting you to communicate with my said physician.

___ I WAIVE NOTIFICATION of my primary care physician that I am seeking or receiving mental health services, and I direct you NOT to so notify him or her.

___ I do not have a primary care physician and do not wish to see or confer with one. I therefore WAIVE NOTIFICATION of a primary care physician that I am seeking or receiving mental health services.

_____ Date _____ Patient

Notification to Primary Physician of Patient Receiving Mental Health Services

Pursuant to Illinois law requiring that Licensed Clinical Social Workers inform their patients' primary care physicians that a patient is seeking or receiving mental health services, you are hereby notified that _____ is seeking or receiving such services from me. The patient has signed an Authorization for Release of Information, a copy of which I am enclosing for your record. I look forward to the opportunity to confer with you about this patient as the occasion or need arises.

**Lake-Cook Behavioral Health Resources
3285 N. Arlington Heights Rd., Suite 201
Arlington Heights, IL 60004
(847) 577-1501
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