

Dr. Sharon Phillips, LLC  
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**Therapist/Physician Patient Care Communication Form** (rev. 4/19)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorization to Disclose Information**

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in-state or federal regulations. The release of any information concerning AIDS, HIV infection, and AIDS-related Complex and the performance of any tests, counseling, and the results and treatment thereof are also authorized. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to it.

I, \_\_\_\_\_, hereby authorize information on my (or my child's) care to be shared **as indicated below:**

- For Dr. Sharon Phillips to release any applicable information to my (or my child's) primary care physician
- For my (or my child's) primary physician to release any applicable information to Dr. Sharon Phillips
- Dr. Sharon Phillips may **NOT** release information to my (or my child's) primary care physician

\_\_\_\_\_  
Signature of patient (or parent, if a minor) Date \_\_\_\_\_

***THE INFORMATION BELOW WILL BE COMPLETED BY DR. SHARON PHILLIPS:***

***Information sent to Primary Care physician includes:***

- \_\_\_\_ "I recently completed a psychological evaluation on..."
- \_\_\_\_ "I have been working with the above named patient since \_\_\_\_\_"
- \_\_\_\_ "I am currently seeing the patient(s) for the purpose of..."

\_\_\_ Individual psychotherapy \_\_\_ Family psychotherapy \_\_\_ Parenting strategies Other \_\_\_\_\_

Diagnosis:

(1) Code: \_\_\_\_\_ Description: \_\_\_\_\_

(2) Code: \_\_\_\_\_ Description: \_\_\_\_\_

Completed by: *Dr. Sharon Phillips* Date Signed \_\_\_\_\_