

Notice to Medicare Patients

It may be beneficial for me to confer with your primary care physician in regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician by telephone, or in writing, concerning services that are being provided by me *unless you request that notification not be made.*

Please check one of the following:

_____ You are authorized to contact my primary care physician whose name and address are shown below to discuss the treatment that I am receiving while under your care and to obtain information concerning my medical diagnosis and treatment.

_____ I do not authorize you to contact my primary care physician with regard to the treatment that I am receiving while under your care or to obtain information concerning my medical diagnosis and treatment. I am providing you with the name and address of my primary care physician only for your records.

Please complete all information below:

Name of Primary Care Physician: _____

Address of Primary Care Physician: _____

Telephone Number of Primary Care Physician: _____

Patient's Signature: _____

Please print name of patient: _____

Date: _____