



- 2540 Monroeville Blvd, Monroeville, PA 15146
- The Kenmawr, 401 Shady Ave., Suite B-205, Pittsburgh, PA 15206
- 37 McMurray Road, Suite 102, Pittsburgh, PA 15241
- 200 Hightower Blvd., Suite 100, Pittsburgh, PA 15205
- 1386 Old Freeport Road, Suite 1AF, Pittsburgh, PA 15238
- 1011 Old Salem Road, Room 104, Greensburg, PA 15601

Patient Name

Patient DOB

Patient MR/MA Number

\_\_\_\_\_

**AUTHORIZATION TO DISCLOSE INFORMATION  
TO PRIMARY CARE PHYSICIAN**

Insurance companies require us to ask you whether we can notify your primary care physician regarding your treatment at PERSOMA Counseling Associates. Some facets of treatment, especially the prescription of medication, require coordination of care between health care providers. The decision is entirely up to you, however it is recommended to maintain overall good health. This authorization will become effective on the date signed and will remain in effect unless otherwise revoked by you. To revoke authorization, please submit your request in writing, Attention: Chief Operations Officer.

I, \_\_\_\_\_, hereby

*Printed patient name*

\_\_\_\_\_ **authorize** PERSOMA Counseling Associates to release my Primary Care Physician.

Physician Name: \_\_\_\_\_

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

\_\_\_\_\_ **refuse to authorize** PERSOMA Counseling Associates to release information to my Primary Care Physician.

Signature : \_\_\_\_\_

*(Patient or Parent/Guardian if child is under 18)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Minor child if patient is 14 years of age or older)*

Date: \_\_\_\_\_

*For Office Use Only*

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**Dear Primary Care Physician,**

Diagnoses: \_\_\_\_\_

Treatment Recommendations:  Individual Psychotherapy  Family Psychotherapy  Medication Management

Medication(s): \_\_\_\_\_

Follow up appointment(s): \_\_\_\_\_

Provider(s): \_\_\_\_\_

*Thank you for collaborating with our team!*  
**PERSOMA Counseling Associates**  
[www.persoma.com](http://www.persoma.com)