



4509 TALBOT RD S
STE 105
RENTON, WA 98055

(425)-736-1604

Primary Care Coordination

It may be beneficial for me to confer with your primary care physician with 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 only 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 write below the name, address, and phone number of your primary physician:

Name

Phone

Street

City

State

Zip

Signature of Consumer/Consumer's Designated Representative

Date