



## Coordination of Care Form

Some insurance companies require a psychotherapist to have it on file that you have been asked about coordination of care. Coordination of care is the communication between your healthcare providers. Your therapist must ask each new client if there is consent on your part or not to communicate with your primary physician and/or psychiatric provider and retain this form as part of your record.

I give consent to my therapist to contact my primary care physician/psychiatrist/physician's assistant/certified nurse practitioner for the purpose of exchanging information and coordinating care.

**Name of Primary Care Provider**

**Name of Primary Care Provider's Clinic**

**Primary Care Clinic Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Clinic Phone Number**

Area Code

Phone Number

**Phone Number**

Area Code

Phone Number

## Your Name \*

First Name

Middle Name

Last Name

## Your Signature

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## Date of Signature \*

Month Day Year

## Therapist's Signature

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## Date of Signature

Month Day Year