PCP NOTIFICATION

Adult client or guardian of minor client should sign

Client: ______________________________ **Birthdate:** ______________

This client's Primary Care Physician is as follows:

PCP Name: ______________________________

PCP Address/City/State/Zip: ______________________________

PCP Phone: ______________ **Fax:** ______________ **PCP Email:** ______________

Purpose of Document Release:

Physician's office:
FOR NOTIFICATION PURPOSES ONLY -- DO NOT SEND RECORDS

This serves as notification to the Primary Care Physician that counseling and/or behavior analysis services are being provided by Adapt Behavioral Services:

Clinician Name: ______________________ **Clinician Phone:** ______________________

Acknowledgment of Notification & Coordination of Care:

By signing below, I authorize Adapt Behavioral Services to release a copy of this document to the PCP named above. I further authorize exchange of confidential information between the PCP and Adapt Behavioral Services for the purpose of coordination of care, as necessary. Contact information for Adapt Behavioral Services is as follows:

- **Orange/Seminole/Lake: (407) 622-0444; fax (407) 699-0444; Maitland@Adapt-FL.com**
- **Volusia/Flagler/St. Johns/Duval: (386) 898-5003; fax (386) 675-6490; Ormond@Adapt-FL.com**
- **Osceola/Polk/Hillsborough/Pinellas: (407) 928-0444; fax (407) 518-0808; Kissimmee@Adapt-FL.com**

* I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from Adapt Behavioral Services.
* I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.
* A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

Client/Guardian Signature: ______________________________ **Date:** ______________

Guardian Name (printed):______________________________ **Relationship:**______________
(required if client is a minor)