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Notification of Patient of Desirability of Confering with Primary Care Physician

Date _____

Name

Address

DOB _____

Pursuant to Illinois law, you are being informed that it is desirable that you confer with your primary care physician about your decision to seek counseling. If you have a primary care physician I am required to notify him/her that you are seeking my counsel for emotional concerns, unless you waive such notifications.

_____ Please notify my primary care physician that I am seeking and/or receiving counseling services from Natalie E. DuBois LCSW. I am signing this form and a Release of PHI form allowing Natalie E. DuBois LCSW to communicate with the physician identified on this release.

Physician Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

_____ I WAIVE notification to my primary care physician.

_____ I do not have a primary care physician and do not wish to confer with one.

Signature of Client or Legally Authorized Client Rep

Date

Natalie E. DuBois, LCSW

Date