

RELEASE OF PROTECTED HEALTH INFORMATION (PHI)
TO PRIMARY CARE PHYSICIAN

Purpose of release: Some insurance providers require that mental health treatment be coordinated with a Primary Care Physician. This means that information about your treatment, or your child or children's treatment, at Family Based Therapy Associates (FBTA) may be released to your Primary Care Physician for the purpose of healthcare coordination. FBTA believes that such coordination is an important part of comprehensive healthcare, whether or not it is required by an insurance provider.

- ☐ I / my child / children do not have a Primary Care Physician
- ☐ I authorize FBTA to release and obtain the following PHI about my treatment or my child or children's treatment to my Primary Care Physician or to his/her representative (i.e. nurse) noted below:
- | | |
|--|---|
| <input type="checkbox"/> Mental health diagnostic assessment | <input type="checkbox"/> Mental health progress notes |
| <input type="checkbox"/> Chemical health diagnostic assessment | <input type="checkbox"/> Chemical health progress notes |
| <input type="checkbox"/> Mental health treatment summaries | <input type="checkbox"/> Medication records |
| <input type="checkbox"/> Chemical health treatment summaries | <input type="checkbox"/> Psychiatric assessments |
| <input type="checkbox"/> Medical information | <input type="checkbox"/> Other |

The record should cover the following time period: _____

Name of Primary Physician: _____

Address: _____

Phone Number: _____

- ☐ I do not want information released to my Primary Care Physician

I understand:

- I MAY REVOKE THIS Authorization at any time by providing my written revocation to this address: 199 Coon Rapids Blvd, Suite 306, Coon Rapids, MN 55433. My revocation will not apply to information already retained, used, or disclosed in response to this Authorization. Unless revoked, the automatic expiration date will be twelve (12) months from the date of signature.
- Unless the purpose of this Authorization is to determine payment of a claim or benefits, FBTA may not condition the provision of treatment or payment for my care on my signing this Authorization.
- Information used or disclosed under this Authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- **THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS THAT MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE OR NONCOMMUNICABLE DISEASE.**
- ***The information authorized for release may include protected health information related to mental health. Release of mental health records or psychotherapy notes may require consent of the treating provider or a court order.**
- **The information authorized for release may include drug/alcohol abuse treatment records. This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. As a result, by signing below, I specifically authorize any such records included in my health information to be released.**
- I understand that copies of my records, if released, will be made available for the fee currently listed under MN Statute 144.292, Subdivision 6.

By signing below I acknowledge that I have had an opportunity to read and review the information above and discuss it with a FBTA representative.

Client Name (Please Print)

Client Date of Birth

Client (or Legal Representative's) Signature Date

FBTA Representative Signature Date

6/2026

fbta Personal, Comprehensive Mental Health Care

Cambridge 763.689.9407 (T)
Clinic 763.552.0164 (F)

Coon Rapids 763.780.1520 (T)
Clinic/Administration 763.780.2114 (F)

Chisago City 651.257.2733 (T)
Clinic 651.257.2783 (F)