



PRIMARY CARE NOTIFICATION LETTER

Date: _____

Primary Care MD: _____

Address: _____

Phone: _____

I consent for this letter to be sent to the above Primary Care MD.

Patient/Guardian Signature

Printed Name

- I decline to have my Primary Care MD notified/involved in my treatment while at The Counseling Center.

Patient/Guardian Signature

Printed Name

This letter provides notification that the above patient has entered into outpatient treatment in The Counseling Center at Prince William Health System. The above consent allows for you, the Primary Care MD, to collaborate with the patient's provider regarding any changes in the treatment plan or medication regime. Please feel free to call the provider at 703-369-8060 to discuss the care and treatment of our mutual patient.

Name of Patient: _____

Date Patient Seen: _____

Provider: _____