

Amy Riehle,

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**NOTIFICATION TO CLIENT OF DESIRABILITY OF
CONFERRING WITH PRIMARY CARE PHYSICIAN**

Pursuant to Illinois law, you (the client) are hereby informed that it is desirable that you confer with your primary care physician (or other MD who treats you) regarding your mental health treatment. If you have a primary care physician I am required to notify him or her that you are seeking or receiving mental health services unless you waive such notification.

Please indicate your wishes:

__ My primary care physician (or other MD) is _____
Address _____

__ I agree to your notifying my primary care physician (or other MD) that I am seeking or receiving mental health services. I am permitting communication with my physician by signing this form.

__ I waive notification of my primary care physician that I am seeking or receiving mental health services and I direct you NOT to notify him or her.

__ I do not have a primary care physician and do not wish to see or confer with one. I therefore WAIVE NOTIFICATION of a primary care physician that I am seeking or receiving mental health services.

Date

Client or Parent/Guardian of minor client

**Notification to Primary Care Physician (or other MD)
Of Patient Receiving Mental Health Services**

Pursuant to Illinois law requiring that Licensed Clinical Social Workers inform their client's primary care physician that a patient is seeking or receiving mental health services, you are hereby notified that _____ is seeking or receiving such services from me, Amy Riehle, LCSW. The client has signed this notification permitting this communication. I look forward to the opportunity to confer with you about your patient as the occasion or need arises.

Date

Amy Riehle, LCSW