

Gretchen Burkholder, LMHC
PO Box 1203
Vashon, WA 98070

Physician Notice and Release of Information

Most insurance plans request that the therapist notify the physician that their patient is being seen in counseling. Please complete and sign. If you do not wish for your physician to have this notice in your medical files, please indicate below.

Name of MD and Phone Number of _____

Address of MD _____

City, State and zip of MD

The client named below is receiving psychotherapy at this office with Gretchen Burkholder, LMHC. The client has indicated that you are the primary physician _____ or psychiatrist _____.

The client's insurance has requested that you be notified, and the client has authorized this notice. I look forward to working with you in a team effort for the benefit of the client.

If you wish to contact me, please call (510) 698-9447.

Thank you.

Gretchen Burkholder, LMHC

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Vashon, WA 98070

I _____ authorize _____ (do not authorize _____) that this

Print Your Name

Notice be sent to the above named doctor and further authorize consultations between the patient's doctor and therapist relative to my medical and psychological care.

_____ Date _____

Signature of patient or guardian of minor.