

Jim Cosenza, LCSW, CADC

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Notification to Patient of Desirability of Conferring with Primary Care Physician

Date: _____

Patient First Name

Patient Middle Initial

Patient Last Name

Street Address

Apartment or Unit Number

City

State

Zip

Date of Birth: _____

Telephone Number: _____

Pursuant to Illinois law, you are hereby informed that it is desirable that you confer with your primary care physician, if you have one. If you have a primary care physician, I am required to notify that person that you are seeking or receiving mental health treatment, unless you waive such notification.

Please indicate your wishes:

I agree to Jim Cosenza, LCSW, CADC notifying my primary care physician that I am seeking or receiving mental health services. I am signing this form and an Authorization to Release Information form permitting Jim Cosenza, LCSW, CADC to communicate with the physician identified on the release.

Physician name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone _____

Fax: _____

I WAIVE NOTIFICATION to the primary care physician that I am seeking or receiving mental health services, and I direct Jim Cosenza, LCSW, CADC NOT to notify the physician.

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.

Signature of Patient or Legally Authorized Patient Representative

Date

Jim Cosenza, LCSW, CADC

Date

Notification to Primary Care Physician of Patient Receiving Mental Health Services

Pursuant to Illinois law requiring that Licensed Clinical Social Workers inform their patients' primary care physicians that a patient is seeking or receiving mental health services, you are hereby notified that

Patient First Name

Patient Middle Initial

Patient Last Name

is seeking or receiving services from Jim Cosenza, LCSW, CADC. The patient has signed an Authorization for Release of Information, a copy of which I am enclosing for your records. I look forward to the opportunity to confer with you about this patient as the occasion or need arise.

Jim Cosenza, LCSW, CADC

Primary Care Physician Notification

Date