



COLLABORATION OF CARE RELEASE OF INFORMATION

For release to primary care doctors and other healthcare providers

I request Catalyst Counseling (17330 135th Ave NE Suite 2B, Woodinville WA 98072) to release information regarding my treatment to the doctor(s) listed below (please check all that apply):

- In the event that there are concerns for my safety and well-being or in case my symptoms escalate
- For routine collaboration of care, including notifying my healthcare provider that Catalyst is involved in my care
- For collaboration regarding specific issue(s): _____

This authorization allows for collaboration of care including information about diagnosis, assessments, and clinical information related to treatment at Catalyst Counseling; it does not authorize the release of psychotherapy notes or progress notes. This authorization of disclosure of my health information will expire at termination of services with Catalyst Counseling.

Primary Care Physician: _____

Clinic and Address: _____

Phone number: _____ Fax number: _____

Psychiatrist or Psychiatric ARNP: _____

Clinic and Address: _____

Phone number: _____ Fax number: _____

I understand that information released may include information regarding the testing, diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, chemical dependency or mental/psychiatric illness. I give my specific authorization for this information to be released. I may revoke this authorization in writing. If I revoke my authorization, it will not affect any actions already taken based upon this authorization. Once disclosed, health care information may be subject to redisclosure by the recipient and may no longer be protected under health information privacy laws. I understand that except as provided by applicable law, my signing of this authorization is not a waiver of any rights I have under other statutes, the rules of evidence, or common law, and that I have the right to revoke this authorization at any time.

Client Signature: _____ Date: _____

Printed Name: _____

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www.catalystcounseling.net

425-998-9769