

Chris Jansen-Yee PsyD & Associates P.C.
Phone (231) 737-1213 Fax (231) 737-1218
Coordination of Care Form and Release of Information

Section – 1 Client Information

| | | | |
|---------------------------------------------|------|------------------------|----------------------|
| Primary Care Physician/Doctor/Clinic | | Phone Number () | Fax Number () |
| Street Address | City | State | Zip |

Section – 2 Release of Information: All information is protected by the Michigan Mental Health Code (Public Act 258 as amended, Section 748"3") and is compliance with Title 42 of the Code of Federal Regulations Part II. Re-disclosure of this information is prohibited without the client's written consent. This authorization may be withdrawn at any time.

Yes. You may share information with the above provider. **No.** You may *not* share information with the above provider.

Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

Please do not write below this line: DOCTOR'S USE ONLY:

| | |
|--------------|---------------|
| Patient Name | Date of Birth |
|--------------|---------------|

| | |
|--------|----------------------------|
| DSM Dx | Initial Date of Evaluation |
|--------|----------------------------|

Presenting Problems:

Treatment Plan:

Current Medications Prescribed:

Follow-Up Recommendations:

Treatment Summary:

Additional Information:

| | | |
|--------------------------------------|-----------|--------------|
| Behavioral Health Provider Signature | Date Sent | Phone Number |
|--------------------------------------|-----------|--------------|

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| <input type="checkbox"/> Chris Jansen-Yee, PsyD Licensed Psychologist | <input type="checkbox"/> Dena Jansen-Yee, MA, LLP | <input type="checkbox"/> Larry Alderink, MA, LLP | <input type="checkbox"/> Robin Barris, MA, LLP | <input type="checkbox"/> Susan Pavlik, MA, LLP |
|--------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|---------------------------------------------------|