

Lisa Gray, LMHC
G R A Y Wellness Consulting
649 State Rd., Unit 1678
Westport, Ma 02790-9998
508-538-1003

Primary Care Physician (PCP) Notification of Patient Admission to Treatment

Dear Primary Care Physician,

This letter is to inform you that the individual named below began treatment for mental health services with Lisa A Gray, LMHC.

- I am requesting the following: **Consultation as needed**

Please feel free to contact me if you have any questions or would like to discuss your patient's current status or treatment needs.

Thank You.

Lisa A Gray

Client: _____ DOB: _____

PCP Name: _____

PCP Address: _____

City: _____ State: _____ Zip Code: _____

_____ I authorize Lisa Gray, LMHC and my PCP to communicate with each other regarding my mental health treatment.

_____ I authorize the release of information pertaining to HIV/AIDS _____ (client initials)

_____ I do not want my PCP notified

_____ I do not have a PCP

Client/Guardian Signature: _____ Date: _____

Relationship if signing for client: _____