## **GENERATIONS FAMILY HEALTH CENTER**

## **Primary Care Communication Request**

Generations Family Health Center uses an integrated electronic health record that shares information between your Behavioral Health provider and your Medical provider. We share information so that we can provide you with the best possible integrated care. Your medical provider can see medications prescribed for you in the Behavioral Health Department. This is for your safety, to avoid the possibility of drug interactions.

If your primary care provider is not a Generations provider, we need your permission to communicate with your PCP about the treatment you receive in the Behavioral Health Department. Please check the appropriate box below.

□ Му	primary care provider is a	nt Generations Family H	ealth Center.	
☐ My primary care provider is NOT a Generations provider.				
Please provide us with the following information about your PCP:				
	Name:		Phone:	
	Address:			
	Please check one of the boxes below:			
	☐ I request that my <b>behavioral health notes</b> be shared with my primary care provider.			
	☐ I request that my <b>behavioral health notes</b> NOT be shared with my primary care provider.			
	Mo would like to chare	vour Congrations modis	estion list with your DCD and request a modication list	
	We would like to share your Generations medication list with your PCP <u>and</u> request a medication list from your PCP. This is for your safety, to avoid the possibility of drug interactions. Please check one of			
	the boxes below:			
			ad batus as Casasatiana BU and ass DCD	
	<ul> <li>□ I request that my medication lists be shared between Generations BH and my PCP.</li> <li>□ I request that my medication lists NOT be shared between Generations BH and my PCP.</li> </ul>			
	☐ I request that my <b>n</b>	nedication lists NOT be	snared between Generations BH and my PCP.	
If you should be release information, you will be asked to complete an engaing communication form				
If you choose to release information, you will be asked to complete an ongoing communication form.				
☐ I do not have a primary care provider.				
ruo	not have a primary care	provider.		
☐ I do not plan to continue with my current PCP.				
	The plan to continue with	Timy darrener dir.		
☐ I do not know who my current PCP is.				
	•			
Patient	/Parent/Guardian	Date		
•	· ·			
Witness		 Date	<del></del>	