Heather Luevano MFT
Coastal Family Therapy
License #MFC42278
2774 Jefferson St. Carlsbad, CA 92008
P:760-978-9718 F:760-434-4789 heatherluevanomft@gmail.com

COORDINATION OF CARE WITH PRIMARY CARE

PHYSICIANS AND HEALTHCARE PROFESSIONALS

Patient Name_____

Date of Birth_____

Patient Address_____

_____

Name of Patient's PCP_____

PCP's Phone # PCP's Fax_____

I authorize the disclosure of confidential mental health information between Heather Luevano and my Primary Healthcare Provider. I give permission for disclosure of diagnosis and treatment information about my child or me for the purpose of continuity of care. I understand and expressly authorize the release of information related to any substance abuse or HIV status.

This authorization is valid for one year and may be revoked by me in writing at any time.

Patient/ Legal Guardian_____

Signature_____Date_____

OR

I refuse to authorize the release/ exchange of any behavioral health and medical information between Heather Luevano and my (or my child's) Primary Healthcare Provider to promote the continuity of my (or my child's) behavioral health and general medical care.

Patient/ Legal Guardian_____

Signature_____Date_____