



**Medical Health Release Form<sup>1</sup>**

**MEMBER INSTRUCTIONS:**

Please bring this form to your In-Plan Provider (PCP) and have him/her complete and sign where noted. Once completed, the In-Plan PCP must mail or fax to the treating In-Plan Behavioral Health (BH) Provider. A copy must also be faxed to the Health Services department at 413-747-2612.

**TO:** In-Plan BH Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FROM:** In-Plan PCP Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This is to inform you that one of your patients, \_\_\_\_\_  
is currently in treatment with me. Below is a summary of clinical health issues, progress, and treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, or if I can be of any further assistance, please feel free to contact me at:  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
In-Plan PCP Signature Date

I hereby authorize my In-Plan PCP to disclose the above information to my In-Plan BH Provider.

\_\_\_\_\_  
Member Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date

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<sup>1</sup> Note to recipients of substance use disorder information, if applicable. This information has been disclosed to you from records protected by federal confidentiality rules ( *42 CFR part 2*). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is *NOT* sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.