



Behavioral Health Release Form¹

MEMBER INSTRUCTIONS:

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

TO: In-Plan PCP Name: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

FROM: In-Plan BH Provider: _____
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 behavioral 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 BH Provider Signature Date

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

Member Signature Date

Parent or Guardian Signature Date

¹ 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.