

Kris Brightbill, MA, LPC, NCC

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Authorization for Coordination of Behavioral Healthcare

By signing this form, you are authorizing:

Provider Name: Kris Brightbill, MA, LPC and/or Turning Tides Transitions

Phone: 484-319-1334

Email: kebharvest@aol.com

Website: turningtidestransitions.com

to exchange information regarding your behavioral health condition to your primary care provider and/or other behavioral health providers who may be directly involved in making decisions regarding your healthcare. This authorization will remain in effect until the (a) date you specify; (b) one (1) year from date signed; or (c) the date you withdraw your permission.

Your signature below is an acknowledgement that you understand:

- You have the right to review the information that is being used or disclosed;
- You do not have to complete this authorization and your refusal will not affect your treatment unless this authorization is necessary to determine your benefits;
- The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws;
- It is your responsibility to notify your Behavioral Healthcare Provider if you choose to change your Primary Care Physician;
- You have a right to revoke this authorization at any time; and
- A statutory privilege for confidential communications between a patient and a licensed psychologist exists. (For New Jersey residents only)

Client Printed Name

Client Signature

Date

Client Representative Signature

Relationship to Client

Date

Provider Signature

Date