



Safe Harbor

CHRISTIAN COUNSELING

Administrative Office:
1208 E. Churchville Road, Suite 300
Bel Air, Maryland 21014
TOLL FREE: 800-305-2089 / FAX: 443-640-4358

Phone: 410-893-4600 x 227

Primary Care Physician (PCP) Coordination of Care Release (Optional)

I authorize SAFE HARBOR CHRISTIAN COUNSELING to release to, and receive from my primary care physician:

Doctor's Name: _____

Doctor's Office Phone

Doctor Office Fax

For the purpose of Mental Health Collaboration

This Release of Information is active for the duration of treatment unless otherwise noted

Client Name: _____

Insurance/Policy Number: _____

Client DOB: _____

Client Signature: _____ Date: _____

Clinician Signature: _____ Date: _____

Office Use Only

Clinician: _____ Date of first counseling session: _____

ICD-10 Diagnosis Code: _____ Diagnosis: _____

Presenting Problem: _____

This client has begun outpatient mental health counseling services with Safe Harbor Christian Counseling, LLC. If you would like to discuss this client at any time, please contact my direct line at: _____ . I can also be reached by email at:

_____.

Please complete this form and fax or email to:

Nancy Gossman
Email: Nancy@safeharbor1.com
Fax: 443-640-4358