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

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's 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: _____________________________

To Be Filled Out By Clinician

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 to:
Rachel Milligan
Fax: 443-640-4358
Email: rmilligan@safeharbor1.com