

# Personal Solutions Counseling

20500 South LaGrange Road

Frankfort IL 60423

(815) 806-9300

## NOTICE TO YOUR PRIMARY CARE PHYSICIAN

Since you are insured with an HMO plan, Illinois State law requires us to notify your Primary Care Physician that you are enrolled in services with us unless you waive this requirement by signing below.

Please indicate your preference by initialing one of the options below:

\_\_\_\_\_ Do not notify my Primary Care Physician

\_\_\_\_\_ Please notify my Primary Care Physician (provide their information below):

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If we notify your PCP, we will only provide the following information:

1. That you are receiving psychotherapy services at our practice, and
2. What was your “Presenting Problem,” at the time of admission.

You will need to sign a release of information for us to release additional information.

State law requires us to keep this form for 5 years from date that you sign it.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date