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RELEASE OF INFORMATION FOR PRIMARY CARE PHYSICIAN

It often can be helpful for your physician to know that you are in therapy, particularly if you have medical problems or a need for medication. Many insurance companies now request that your therapist has contact with your physician in order to facilitate your care. You have the right to decide whether or not your physician knows of your therapy, and I will not release any information without your written consent.

This release will stay in effect unless you change it in writing.

I, \_\_\_\_\_, hereby authorize  
Client Name

Dr. Catherine Malkin:

\_\_\_\_\_ to exchange any applicable information with my physician

\_\_\_\_\_ to exchange only medication information with my physician

\_\_\_\_\_ not to exchange any information with my physician

\_\_\_\_\_ Date of birth

Print name of client

\_\_\_\_\_ Date

Signature of client

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_