

## Why you are being asked to sign an Authorization Form

Your confidentiality and trust are extremely important to us. However, making sure you get good overall care is equally important. Due to Federal and state regulations, as well as KP policies, your Primary Care Provider (PCP) and other medical caregivers cannot have access to your Behavioral Health information without your approval.

Your Primary Care Physician has the responsibility to coordinate all of your care. Therefore, we believe that it is very important for your PCP and certain members of your Health Care Team have basic information about the treatment you receive in Behavioral Health.

We are asking your permission to send your PCP and members of your Health Care Team only the information you authorize on the attached form. Your Behavioral Health provider will send this information to your physician via our secure electronic medical record system. This information will become part of your general medical record and is subject to be released upon our receipt of a request for information, subpoena or a court order.

If you have any questions or need additional information, you may speak to the Behavioral Health Manager.