Managed Mental Health Care
Organization For Coos, Curry, Jackson,
Josephine and Klamath Counties
900 SE 8th Street, Grants Pass, OR 97526
Phone: 541-955-9565

Notice of Referral/Authorization For the Release of Information

FAX this form along with any pertinent health information to the appropriate County Mental Health Program listed below

Member Information	Referral Source Information	
Patient Name:	Name:	
DMAP Number:	Phone: Fax:	
Phone Number:	☐ PCP	☐ Mental Health
Parent/Guardian Name:		

SERVICE BEING REQUESTED ☐ **Mental Assessment** ☐ **Physical Assessment**

Briefly describe the chief complaint or reason for referral:	
Current Medications (list or attach copies):	
Referral Source Signature:	**Date:**

Release of Information

I authorize the exchange of information between my County Community Mental Health Program and Primary Care Physician any pertinent assessment, treatment or medical information for the purpose of being able to complete a Mental Health Assessment and to permit coordination and collaboration of my care. I understand that I may refuse to sign or may revoke this Release of Information at any time for any reason, and that such refusal or revocation will not affect any services that I receive. I understand that this Release of Information will remain in effect until the term of this Authorization expires or I provide a written notice or revocation. At any time, I may revoke this Release of Information orally or in writing. I understand that the revocation will not be effective retroactively for information exchanges that have already occurred. Unless otherwise noted, this Release of Information will expire in one (1) year from the date of my signature below.

I authorize the release of the information INITIALED below by patient/parent/legal guardian:

____Provider Notes	**____Mental Health Assessment(s)**	**____Medical History**
____Labs	**____Psychiatric Notes**	**____Discharge Summary**
____ Medication List	**____ Treatment Plan**	**Patient/Parent/Legal Guardian Signature:** **Date:**

☐ **Coos County Mental Health -** **FAX: 541-756-2020 Phone: 541-756-2020, Ext. 528**	☐ **Curry County Mental Health** **Fax: 541-247-5058 Phone: 541-247-4082**
☐ **Jackson County Mental Health** **Fax: 541-774-7869 Phone: 541-774-8201**	☐ **Josephine County (Options for Southern Oregon)** **Fax: 541-479-2450 Phone: 541-476-2373**
☐ **Klamath County Mental Health** **Fax: 541-273-4156 Phone: 541-273-9501**	☐ **Other:**

Appointment Date: _____ and Time:_____

☐ **Showed** ☐ **No Showed** ☐ **Rescheduled For_____**

Comments/Signature: