

**Consent for Coordination with Primary Care Physician**

Kansas law requires psychologists to coordinate mental health treatment with primary care physicians. Permission by the patient is required for this to occur.

1. I authorize Jonathan Farrell-Higgins, Ph.D., to coordinate care with my primary care physician.

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(Name of primary care physician)

2. I consent to Dr. Farrell-Higgins sharing that I have sought counseling and further give him permission to share a very brief summary about my treatment.

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Signature of Patient or Legal Guardian

Date

**(OR)**

I Do NOT authorize Jonathan Farrell-Higgins, Ph.D., to notify my primary care physician.

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Signature of Patient or Legal Guardian

Date