Northside Pediatrics
The best care for your kids

RELEASE OF MENTAL HEALTH CARE INFORMATION

My signature below verifies that I consent to allow **verbal** and **written** communication between my Northside Pediatrics provider and my mental health provider concerning all aspects of mental health evaluations or treatments including notes, testing, etc…

Dr. Allison B. Hill
Dr. Amy J. Hardin
Dr. Natalie M. Metzig
Dr. Tili M. Philip
Dr. Adele H. Goodloe
Dr. Reshmi Basu
Dr. Katherine H. McGlamry
Dr. Brandon M. Estroff
Dr. Mary S. Thompson
Sara D. Dorsey, MSN, CPNP
Kathryn Hart, MSN, CPNP
Meredith M. Gillig, MSN, CPNP
Dr. Michael K. Levine, Emeritus
Dr. Ruth C. Brown, Emeritus
Dr. Jonathan D. Winner, Emeritus

_____
Northside Pediatrics Provider

Patient's mental health Provider is:

_____
Name

_____
Address

_____
Phone #

I understand that this consent is voluntary and can be revoked, in writing, at any time. I also understand that my mental health provider and my Northside Pediatrics provider may discuss assessment or treatment of sexually transmitted diseases, genetic testing, drug or alcohol treatment or pregnancy.

_____ _____
Patient Name Date of Birth

_____ _____
Signature of Patient or Legal Guardian Date

Sandy Springs
6095 Barfield Road
Suite 200
Sandy Springs, GA 30328
Tel: 404-256-2688
Fax: 770-685-7114

Woodstock
250 Parkbrooke Place
Suite 200
Woodstock, GA 30189
Tel: 770-928-0016
Fax: 770-685-7114

www.northsidepediatrics.com