

# Your Consent

It's your choice.

Working together  
for overall wellness

## The importance of giving your consent.

Your consent is needed to allow providers to talk to each other and share **behavioral health** information that is needed to **coordinate** your care.

When you sign the **Consent to Share Behavioral Health Information form**, *whomever you choose* to list on the form is given permission to talk to each other and share *some or all* of your behavioral health information.

Talk to your providers about the **benefits and risks** of sharing your health information.

**It's your choice.**

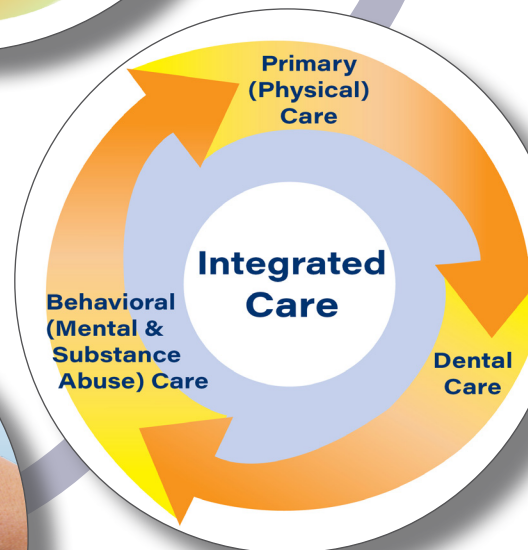
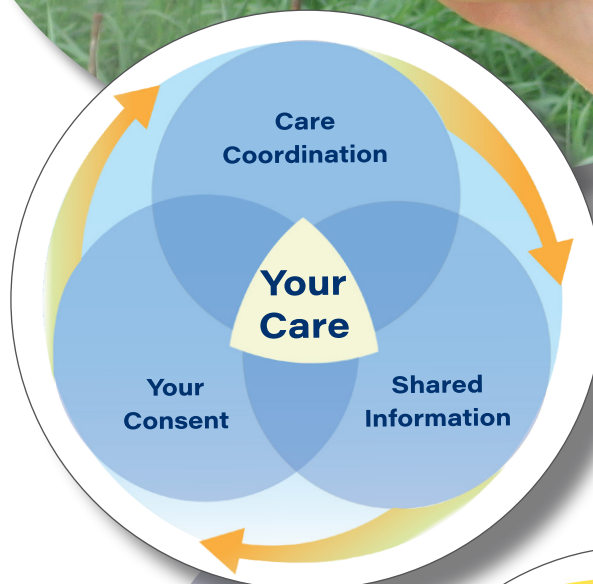
To get a copy of the form, ask the CMH office, NorthCare Network, or your Medicaid health plan.



**NorthCare Network**

1230 Wilson St.  
Marquette, MI 49855

For more information, call  
Integrated Care Team Application  
Specialist at (906) 225-7344



This brochure made possible  
by grant funding from the  
Michigan Department of Health  
and Human Service (MDHHS)