

coordination of Care DRAFT Letter Template SUGGESTION
For establishing a relationship with Mental Healthcare Provider(s)

ADD YOUR LETTERHEAD OR LOGO HERE

{PCP/Other Practitioner Title}{PCP/Other Practitioner First Name/Last Name} {Clinic}
{Address}
{City, State, Zip}

{Date}

Re: Establishing a Coordinated Outreach Care Relationship

Dear {Provider Title}{Provider Last Name}:

I am writing to see if you {or agency} would have the availability to see a patient of mine {our clinic} if they are in need of assessment and care for suicidal ideation. I {our clinic} have attended the state required training on suicide prevention. I {our clinic} is required to screen and refer patients/clients who need further assistance.

If, through screening questions, and observation, identify a patient/client in need we will talk with them about the need to be seen by a primary care/mental health professional who can offer needed assistance. I {our clinic} will always provide the suicide hotline number (800-273-TALK) to a patient/client. Only in the most emergent situations would we call 911.

It would be helpful for me {our clinic} to establish an outreach coordination of care relationship with you {their clinic}. Please let me {our clinic} know if this is possible. If so, I {our clinic} would reach out to you when needed. If you have the availability to see a new (emergent/suicidal ideational client), then we will:

1. Provide the patient with your contact information, at the minimum.
2. With patient's sign ROI, assist them in scheduling an appointment with you {your clinic}.

If we establish a coordinated care relationship, and if the patient signs a ROI/HIPAA Authorization Form allowing me {our clinic} to coordinate with you, we will send an letter to you stating the concerns we saw and/or dialoged about with the patient.

Again, please let me {our clinic} know if we can establish an outreach coordination of care relationship.

Respectfully,
{Clinician Name}{Degree}{Licensure} {Clinician Title}

coordination of Care Letter Template SUGGESTION

For communication with an established outreach relationship with a mental healthcare provider.

Patient needs to sign a ROI (Release of Information/HIPAA Authorization Form) allowing you permission to such communicate (as below)

ADD YOUR LETTERHEAD OR LOGO HERE

{PCP/Other Practitioner Title}{PCP/Other Practitioner First Name/Last Name} {Clinic}

{Address}

{City, State, Zip}

{Date}

Re: Patient Name: DOB: Contact Info:

Dear {Provider Title}{Provider Last Name}:

I am writing to let you know that the above patient [] will be calling for an appointment [] has an appointment scheduled for _____ in which I {our clinic} helped coordinate for a mental health assessment. The patient, when seen on _____ reported warning signs and symptoms that are consistent with the suicide ideation.

The following are some of the concerns:

{sit}

This patient has signed an authorization form allowing us to exchange pertinent information with you {your clinic}.

Respectfully,

{Clinician Name}{Degree}{Licensure} {Clinician Title}

CC: Copy to patient's clinical record