

Behavioral Health Care Treatment Record Documentation of Continuity and Coordination of Care

Coordinating Behavioral Health Care with the Primary Care Physician

The record reflects attempts to coordinate behavioral care with the primary care physician at any time during treatment when coordination of care is indicated.

Write date action taken - or not taken for reason indicated

1. The client declined my request to sign a consent form to allow me to communicate with their Primary Care Physician (PCP).
2. The client does not have a PCP and I encouraged them to obtain one.
3. I attempted to communicate with the PCP by the following method(s):
☐ Phone ☐ Mail ☐ Fax ☐ Other: _____

Date

(Keep a copy of written communication in treatment record)

4. Communicating with the client's PCP is not indicated for this case because all of the following are true:
 - The client/patient does not have any medical conditions that impact their behavioral health.
 - The client/patient does not have a behavioral problem that impacts a medical condition.
(Example, the client came to you for marital therapy, family therapy, or adjustment disorder.)
 - I have not prescribed medications for this client.

Coordinating Behavioral Health Care with Other Behavioral Health Care Providers

The record reflects attempts to coordinate behavioral care with other behavioral health care providers or treatment programs/facilities as indicated at any time during treatment.

Write date action taken - or not taken for reason indicated

1. The client declined my request to sign a consent form to allow me to communicate with other behavioral health providers or treatment programs/facilities.
2. I attempted to communicate with the behavioral clinician/program/facility by the following method:
☐ Phone ☐ Mail ☐ Fax ☐ Other: _____

Date

(Keep a copy of written communication in treatment record)

3. Communicating with other behavioral health clinicians/treatment programs/facilities is not indicated for this case because all of the following are true:
 - The client had no prior behavioral health treatment relevant to the current diagnosis.
 - The client was not referred to me by another behavioral health provider or treatment program/facility that expects feedback on this case.
 - The client is not being referred to another behavioral health provider or treatment program/facility.

Signature of Behavioral Health Provider: _____