

**DRAFT LETTER FOR BEHAVIORAL PROVIDER'S
COMMUNICATIONS WITH PRIMARY CARE PROVIDERS**

Date: _____

Primary care provider name
Primary care provider address
City, State ZIP

Re: Patient's Name

Dear Dr. _____:

Your patient, _____, has identified you as their primary care provider. In my work with <patient name>, we have discussed the importance of coordinating an individual's total health care across health care providers. In response to this discussion, <patient name> has given their consent for me to contact you, introduce myself as their behavioral health care provider and work directly with you, when necessary.

At the present time, <patient name> has been in care with me since <enter date>. In my continued work with <patient name>, I will be in touch with you as changes occur, which would be pertinent to our coordination efforts.

As <patient's name> overall health care is of primary importance, I will be available to you and can be reached at <contact information>. I look forward to our working together on an integrated approach for an optimal treatment outcome.

Respectfully,

Primary Care Provider

Cc: <patient name>