

*Sample Letter for MBHN Behavioral Health Providers' Communication with Primary Care Physicians (PCP)*

Date:

Primary Care Physician Name  
Primary Care Physician Address

RE: Member's Name  
Member's SSN or Plan ID  
Member's DOB

Dear Dr. \_\_\_\_\_:

Your patient, \_\_\_\_\_, has identified you as their Primary Care Physician and has given written permission for me to exchange the following information with your office in order to coordinate treatment.

Diagnostic information \_\_\_\_\_

Psychological testing \_\_\_\_\_

Medication(s) \_\_\_\_\_

Dates of Treatment \_\_\_\_\_ to \_\_\_\_\_

Focus of Treatment

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I will be in touch with you as changes occur which would be pertinent to our coordination efforts. The overall health care of \_\_\_\_\_ is of primary importance and I look forward to our working together on an integrated approach for an optimal treatment outcome.

Respectfully,

Cc: Member