
Date

Primary Care Physician Name

Primary Care Physician Address

Second Line Address

_____, _____, _____
City State ZIP Code

Re: _____
Participant's Name

Dear Dr. _____,
Provider Name

Your patient, _____ has identified you as their primary care physician. In my work with
Patient Name
Mr./Mrs./Ms. _____ we have discussed the importance of coordinating an individual's
Patient Last Name
total health care across health care professionals. In response to this discussion, _____ has
Patient Name
given his/her consent for me to contact you, introduce myself as his/her behavioral health care practitioner
and work directly with you when necessary.

At the present time _____ has been in care with me since _____.
Patient Name Care Start Date

In my continued work with _____ I will be in touch with you as changes occur
Patient Name
which would be pertinent to our coordination efforts.

As _____'s overall health care is of primary importance, I will be available to you and can be
Patient Name
reached at _____.
Contact Information

I look forward to our working together on an integrated approach for an optimal treatment outcome.

Sincerely,

First Name Last Name

Title

cc: Participant