

Coordination of Care Between Medical and Behavioral Health Providers

Please use this form (or similar form) to exchange information with patient's other providers.

Instructions:

- ▶ Primary Care Physicians (PCPs) referring patients to behavioral health providers (BHPs):
Please fill out the PCP section below, and then give your patient a copy of this form to take along to the BHP appointment.
- ▶ Medical Patients: Take this form with you to your behavioral health provider. Ask him or her to complete and fax back to your Primary Care Physician.
- ▶ Behavioral Health Providers communicating to their patient's PCP: Complete the BHP area (below) and fax back to PCP.
- ▶ **Be sure to send all confidential information under confidential cover sheet or letter.**

Name of Patient _____ Patient Health Net ID Number _____

PCP or Other Health Care Provider Name: _____

Phone # _____ Fax # _____

Address _____

Current Psychotropic Medications: Is patient currently taking psychotropic meds? Yes _____ No _____
(If yes, please list on backside of this form)

Behavioral Health Practitioner Name: _____

Phone # _____ Fax # _____

Address _____

Dear Doctor (PCP): _____ Today's Date _____

The above named patient is receiving behavioral health services.

Current Diagnosis: _____ Date of first Session _____

**Information exchanged for purposes of treatment, payment and health care operations is permitted under the Health Insurance Portability and Accountability Act (HIPAA) even without a member's authorization to do so. However, a member's authorization is required before behavioral health practitioners share psychotherapy notes (session notes kept separate from the medical record that consist of the contents of conversation during a private, group, joint, or family counseling session) which are not included in this form.*

**This information has been disclosed to you from records whose confidentiality is protected by confidentiality provisions of most states' law and applicable federal law. Under such law, you are prohibited from making any further disclosure of these records without the specific written consent of the person to whom they pertain or as otherwise specifically required or permitted by law.*

**Federal regulations (42 CFR 2.1 and 2.2) restrict any use of confidential information to criminally investigate or prosecute alcohol or drug abuse patients.*

MHN is a subsidiary of Health Net.

Health Net has a contract with Medicare and the Arizona and California state Medicaid programs to offer HMO, PPO, HMO-SNP plans. Enrollment in a Health Net Medicare Advantage plan depends on the renewal of these contracts. Material ID# Y0035_2015_0559 (H0351_H0562_H5439_H5520_H6815)

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Coordination of Care Issues: _____

Please list psychotropic medications currently taken by patient:

MEDICATION	DOSAGE	START DATE	PRESCRIBED BY	REASON