BEHAVIORAL HEALTH CARE COORDINATION FORM

Instructions:
- **Primary Care Physicians (PCPs):** Copy and give this form to members and request that they have their behavioral health provider complete the form to communicate the member’s treatment updates to you. Include your contact information in the appropriate area below to ensure receipt of the form.
- **Members/Patients:** Give this form to your behavioral health provider to complete and return to your PCP.
- **Behavioral Health Provider:** Complete the appropriate areas of this form to ensure care coordination with the member’s PCP.

Responsible practice requires coordination of care with other treating professionals and health care delivery systems as clinically appropriate. Consider using this form (or one with comparable information) to send to the member’s PCP.

**Name of Patient**

Patient ID Number

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. A member’s authorization is required only before behavioral health practitioners share psychotherapy notes (session notes kept separate from the medical record consisting of the contents of conversation during a private, group, joint, or family counseling session), which are not included in this form.

**PCP or Other Health Care Professional**

Name/Fax #

Address/Telephone #

Dear Doctor:

Today’s Date

The above named patient is receiving behavioral health services.

Date of first Session

Current Diagnosis:

Current Psychotropic Medications

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>START DATE</th>
<th>PRESCRIBED BY</th>
</tr>
</thead>
</table>

Coordination of Care Issues


Behavioral Health Practitioner

Name/Fax #

Address/Telephone #

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. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal regulations under 42 CFR Part 2 restrict any use of the confidential information to criminally investigate or prosecute any alcohol or drug abuse patients.

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Material ID # Y0035_2012_0644 (H0351, H0562, H5439, H5520, H6815)

Compliance Approved 01312012