



TO: Behavioral Health Provider

\_\_\_\_\_

FROM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to inform you that one of your patients, \_\_\_\_\_  
is currently in treatment with me. Below is a summary of the clinical issues and progress in  
treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, or if I can be of any further assistance, please feel free to contact me at:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize my Behavioral Health provider to disclose the above information to my  
Psychiatrist/Clinical Nurse Specialist.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Date