Checklist for coordination of medical and behavioral health care

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Individuals with co-occurring medical and behavioral health conditions often require care from multiple providers. Point32Health encourages all involved to share relevant clinical information with practitioners who are treating the same patients. Use this form to document communication with other providers and to share or request details that could assist in developing comprehensive care plans. Email or fax completed forms to the appropriate provider.

Patient name

Date of birth / / Date of appointment/service / /

Provider name

Phone Fax Email

Primary Care Physician N/A

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Behavioral Health Services

Psychiatrist or medication management	Yes	No	Declined
Behavioral health community partner	Yes	No	Declined
Community Support Provider	Yes	No	Declined
Behavioral health/RN Case Manager	Yes	No	Declined
Children's Behavioral Health Initiative/Intensive care coordination provider	Yes	No	Declined
Peer support/coach	Yes	No	Declined
Therapeutic mentor/in-home therapy/parent support	Yes	No	Declined

Please use the following fields to note important information about behavioral health providers involved in the member's care.

Behavioral health provider

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Additional behavioral health provider

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Additional treatment provider

Name

Phone Fax Email

Release of information signed Yes Sent date / / No Declined

Release of information forms for patients can be found at Harvard Pilgrim Health Care and Tufts Health Plan.

For additional information, please use the sheet on next page. →

Thank you for partnering with Point32Health as we continue to help your patients navigate toward healthier lives!

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Additional Information

Use this space to document communication with providers including date of outreach, person contacted, and information shared or requested, i.e., diagnoses, treatment plans, medication, progress notes, etc.

Date	Provider name	Provider type	Notes	Follow up