



Dr. Ruthie Norman LICSW LLC
Trauma Treatment & Recovery Psychological Services

1029 NORTH ROAD SUITE 24 WESTFIELD, MA 01085

Office Phone: 413-668-2282 ● Fax: 413-315-9684 ● Email: TTRPS@DrRuthieNorman.com ● Web: www.DrRuthieNorman.com

RE:

Dear Primary Care Physician,

This letter is to provide you notice of commencement of outpatient behavioral health treatment for the above named individual. Your patient has identified you as their primary care physician. I have discussed my requirements of coordination with their PCP related to their health care and behavioral health treatment needs. To maintain continuity of care and coordination as the outpatient behavioral health provider with your patient, I will provide the following: treatment updates during the course of our treatment, notice of initiation and any subsequent modification of psychotropic medications, and notice of treatment termination within two weeks.

Please find attached to this letter (A) Patient's consent form authorizing our coordination of care. (B) The behavioral health provider/primary care provider communication form. Please provide the following health information by fax or email.

- Status of immunizations**
- Date of last visit**
- Dates and reasons for any and all hospitalizations**
- Ongoing medical illness**
- Current medications**
- Adverse medication reactions, including sensitivity and allergies**
- History of psychopharmacological trials**
- Any other medically relevant information**

If you would like further contact regarding this case, or if you have further information that you think may assist me in better meeting this individual's clinical needs, please feel free to contact me directly at 413-433-0332.

Respectfully,

Dr. Ruthie Norman, LICSW

cc: Member Medical Record

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