

Checklist for coordination of medical and behavioral health care

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

Psychiatry or medication management	Yes	No	Declined
Community Support Program	Yes	No	Declined
Behavioral health/RN care management	Yes	No	Declined
Children's Behavioral Health Initiative (CBHI)	Yes	No	Declined
Peer Support or Recovery Coach service	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. →

