**PCP Summary Letter Instructions**

* This letter can be sent at any time during the course of patient care at CUKC.
* This letter can be sent to any outside health care provider that the patient is or has seen who is appropriate to the condition you are treating. Examples of outside providers are Primary Care Physician (PCP), nurse practitioner, dentist, podiatrist, physical therapist etc.
* Choose one of the patients you are treating in Clinic.
* Check the patient’s scanned records in ChiroTouch to verify that they have signed a records release form authorizing CUKC to contact their outside healthcare provider. If the patient has not signed a release form, get a form from your zone/pod or from the front desk and have the patient sign it.
* An example letter is available for reference.
* Interns will compose the letter and then present it to one of their clinicians for possible edits, approval, and signature. (Please be HIPAA sensitive)
* The letter must contain the following for credit:

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| **Requirements** |
| Name, DOB, and gender at birth of the patient |
| Name of health and address of healthcare provider the letter will be sent to |
| Date of the most recent exam/re-exam |
| Chief complaint(s) included |
| Primary diagnosis listed (without using “subluxation”) |
| Current treatment plan incl: number of planned visits, frequency, duration/anticipated re-exam date. |
| Current treatment plan recommended services: procedures & modalities, relevant homecare and/or lifestyle recommendations. |
| Goal percentage of pain reduction and functional improvement |
| Anticipated date of return to MMI |
| Style, tone, professionalism, formatting, spelling, punctuation, grammar |

* The completed and signed letter must be turned in to the front desk to be scanned in to the patient record. The front desk staff will mail the letter.

**So, our process will follow the outlined clinic process above with the following steps:**

1. Identify 2 patients that need either **a)** a referral to another provider for a reason outlined in your care plan or **b)** a patient that you would like to reach out to a provider for co-management or to provide an introduction.
2. Work with your clinicians to obtain a *Medical Records Form consent* (using the provider’s address).
3. Write your letters using the templates provided on the POD CANVAS page and using the chart above for completeness. Please use Microsoft Word © and only use the patient’s file number in the letter for HIPAA purposes.
4. Email the letter(s) as attachment(s) to an Outlook email to the clinician who oversees that patient’s care (reference the 6th bullet point above). This allows the clinician to make any edits. The clinician may reply to the email and have you make some corrections. If so, please make the edits and resend as an attachment.
5. Following any edits, the clinician may ask you to print, sign, and place in our mailbox for our signature. The clinicians may also chose to print themselves and ask you to meet and sign. Please communicate with your clinician.
6. The letter will then be turned in to the front desk, scanned, and mailed.