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**Coordination of care notice**

Date: \_\_\_\_\_

Dear \_\_\_\_\_ has recently been evaluated and treated at Psychotherapy Practices of North Kingstown, LLC. I am writing to provide information on the patient's diagnosis and medication, in order to assist in the coordination of care with you as the primary care provider.

In accordance with HIPPA guidelines, the patient has signed the consent for release of information at the bottom of this letter.

Your Patient \_\_\_\_\_ was seen on \_\_\_\_\_.

The diagnosis at this time is:

\_\_\_\_\_.

The following medications are currently being used to treat this condition:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I hope this information is helpful. Please contact me if there are any questions.

Sincerely,

Barbara Forloney, APRN, CNS, CNP

**Release of Information**

I, \_\_\_\_\_ give consent to Psychotherapy Practices of North Kingstown, LLC, to provide the above information about me to my primary care provider for the benefit of coordination of care. This will remain in effect until revoked by the patient. I have read and understand the information above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_