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Template Letter to Explain New Health Care Tools to Health Care Providers

This is a sample letter that your agency can send to health care providers to help them understand why the agency is implementing new tools for health care visits and what changes they can expect.

Health Care Provider's Name

Address

Phone/Fax

Date: _____

Dear Dr. _____,

We are writing to inform you about a change in our procedures at [agency name]. In an effort to better support the health of the people we support, we have updated our health care tools.

This change has two purposes:

1. To empower the adults with developmental disabilities we support to be more involved in their own health care.
2. To ensure the right information is getting to the provider and returning with the patient.

Both tools were developed based on input from health care providers, direct support professionals, and adults with developmental disabilities.

About My Health Tool:

We introduced a new *About My Health* tool that includes key background information on the patient's health. The tool includes information that the people we support feel would be helpful for health care providers to know about them (e.g., patient contact information, history, conditions, etc.). We will be bringing a copy of this tool to all health care appointments with new providers. You do not need to fill anything out on this tool, it is just intended for your reference.

My Health Care Visit Tool:

The tool has two sides. One side will be filled out before we come to your office, and includes the reason for the visit and any new symptoms or issues the patient is experiencing. It is our hope that providing you with this information up front will help the appointment go more smoothly.

The second side of the *My Health Care Visit* tool asks for a brief summary of the visit. We are hoping that you will help us fill out this section so that we can make sure that the patient and staff understand everything discussed during the appointment and any follow up instructions. It also provides a record of the visit (a requirement of our agency). If you wish to print out a copy of your own note from the appointment, we can attach this note to the tool instead of or in addition to writing a summary of the appointment on the tool.

We really value your engagement and commitment to working with us as we work to improve the health care of the adults with disabilities that we support. We are also continuing to work on improving the tools, so we would welcome your feedback. Feel free to email us at [insert contact person at your agency] with any suggestions you might have.

Sincerely,

[Signature]

[Name, Title, Contact information]