

October 18, 2023

Insert clinic  
logo, contact  
information,  
etc.

Dear NAME:

Your treating provider, [NAME], has referred you to the Collaborative Care program at [CLINIC]. This program is intended to support you in managing your depression, anxiety, or other mental health concern and is a supplement to the care provided to you by your clinician. We all work together as part of your care team, and I provide feedback to your clinician after my contact with you. I am also available to you between appointments as needed for questions, support, or problem solving.

I have been trying to reach you by phone, but haven't been able to get ahold of you. Please give me a call so I can tell you more about this program and enroll you if you are interested. This program is voluntary and flexible, with our contacts able to be completed in clinic, by phone, by mail, or a combination of those things. You can call me at [PHONE] if you're interested in learning more.

We believe that this program is a valuable resource in helping patients cope with their mental health concerns.

I look forward to hearing from you!

Sincerely,

[CARE MANAGER NAME]

[CLINIC] Behavioral Health Care Manager, Collaborative Care Program

Phone: (xxx)xxx-xxxx | [EMAIL]

[OFFICE HOURS]