Collaboration Agreement

The following is a collaboration agreement established between Primary Care Practice (PCP) and Comprehensive Behavioral Healthcare (CBH). The practices agree on the following for the provision of care:

1. Clinical Services

PCP will provide the following services:

PCP will provide comprehensive primary care and behavioral health screening to its patients. If further behavioral health evaluation is deemed necessary, patients will be referred to CBH.

CBH will provide the following services:

For patients referred to CBH by PCP, CBH will provide counseling and treatment as indicated.

2. Access

CBH will provide the following access:

For patients referred by PCP, appointment within 24-48 hours for acute conditions contingent the patient is not actively suicidal or homicidal, and within 2 weeks for non-acute care.

3. Referral Guidelines

PCP will follow these referral guidelines:

Score of 3 or more on PHQ2 depression screen, other psychiatric conditions as they become apparent.

4. Communication Process

PCP patients referred to CBH will call 123-456-7890, to schedule an appointment.
PCP will fax a signed permission to release information to 123-456-7899.

5. Feedback process

CBH will provide PCP with a note, including a date of service, diagnosis, and planned/initiated treatment. This should be faxed to 123-456-7888.

6. Quality Assurance

For diagnosis of depression**,** PCP will re-administer PHQ2 at a later date to evaluate patient's progress. For other diagnoses, appropriate screening tools will be used to evaluate patient progress.

PCP:

Dr. John Smith, MD _____ Date:_____

CBH:

Name_____ Signature: _____ Date: _____

Name_____ Signature: _____ Date:_____