McLaren Northern Michigan TRANSITION RECORD WITH SPECIFIED ELEMENTS RECEIVED BY DISCHARGED PATIENTS FAX COVER SHEET

Transmittion Date:	Time	э:

List Psychological Bay City – Fax #989-684-4331	Ten16 – Fax # 989-835-7242
MPA – Fax # 989-667-9680	Brighton – Fax # 810-227-2029
CMU Health – Fax # 989-790-5991	Saginaw CMH – Fax # 989-797-3477
Tuscola CMH – Fax # 989-672-3053	Serenity Bay Health – Fax # 989-561-5532
AuSable Valley CMH – Fax # 989-362-7800	State Street Behavioral Services – Fax # 989-401-0327
ВАВН	Great Lakes Bay Health, Bay City South – Fax 989-771-7050
Ridgeview Behavioral Hospital – Fax # 855-356-4046	Recovery Pathways – Fax # 989-391-9596
Huron CMH – Fax # 989-269-7544	Other:
Sacred Heart Memphis – Fax # 810-392-3530	

From: McLaren Bay Region Behavioral Health Unit

Telephone 989-894-3811 Fax: 989-894-6132

Number of pages: _____ (including Cover Letter)

Regarding Patient: _____

Admit Date:

Discharge Date: _____

Discharge Time: _____

Information transferred to Patient

	Inpatient Care		Advance Care Plan	
SW	Reason for Inpatient Admission	SW	Is the patient eligible for Advance Care Plan?	
RN	Major procedures and tests performed during inpatient stay and summary of results.		Advance directives OR Surrogate decision maker documented.	
sw	Principal Diagnosis		Documented reason for not providing Advance Care Plan.	
	Post Discharge/Patient Self Management		Contact Information/Plan for Follow-Up Care	
RN	Current Medication List		24 Hour/7 Day contact information including physician for emergencies r/t inpatient stay.	
RN	Studies pending at discharge (i.e. labs, rad)		Contact information for obtaining results of studies pending at discharge. (Medial Records: 989-894-3866)	
RN	Patient instructions		Plan for follow-up care	
Adm Asst	Facesheet, consultation, d/c summary, court/deferral forms, H & P, progress note		Primary physician, other health care professional, or site designated for follow-up care.	

If this facsimile has reached you in error, please contact the above person immediately. Your assistance is appreciated. Thank you.

This information may have been disclosed to you from records whose confidentiality is protected by federal and state laws. Federal regulations including (42CFR, Parts 160 and 164) and state laws (Public Act 258, Chapter 7, Section 748) prohibit you from making any further disclosure of it without the specific written authorization of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

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