

# NeighborHealth Recovery Services

## Referral Request for Outpatient Treatment



NeighborHealth

**Please note: Due to the confidential nature of this request, an informed release of information form must be signed by patient/client and forwarded with this referral/order.**

Date of Referral: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referring Person/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please Check Preferred Location for Outpatient Treatment:

- Recovery Services – South End (1601 Washington Street) Phone: (857) 206-7495 Fax: (617) 587-1987
- Recovery Services – East Boston (79 Paris Street 1<sup>st</sup> floor) Phone: (617) 568-6260 Fax: (617) 568-6105

### Patient Medical Information (please print)

Patient Referred: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (M.) (First)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(Name) (Phone)

Reason for Referral: \_\_\_\_\_

Type of Insurance:

### Requested Service(s):

- Substance Use Disorder Assessment
- Medication Assisted Treatment
- Individual / Group Counseling
- Specialty Services – Hep C treatment/Acupuncture
- Primary Care Services – (Refer to primary care)
- Peer Recovery Support
- Other \_\_\_\_\_

Patient's Primary Medical Diagnosis: \_\_\_\_\_

Other Medical Diagnoses: \_\_\_\_\_

REFERRAL SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT:** This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.