

**THIS IS ONLY A SAMPLE!!! PLEASE WRITE YOUR OWN BASED ON THE
SPECIFIC NEEDS/SITUATIONS OF YOUR PRACTICE**

COMMUNICATION BETWEEN OB/GYN AND PCP

POLICY:

_____ PRACTICE SITE _____ shall ensure patients will receive continuity and coordination of medical care between the health care providers of this office and the patient's primary care physician.

PURPOSE:

_____ PRACTICE SITE _____ shall ensure the continuity and coordination of care for all patients through the exchange of information in an effective, timely and confidential manner. Communication shall include patient-approved communications between the health care providers of this office and the patient's primary care physician.

GUIDELINES:

1. Communications from _____ to the patient's primary care physician shall include information relating to the diagnosis, treatment and referral of medical disorders commonly seen by the above mentioned specialty providers, and the timely access for appropriate treatment and follow-up care.
2. Communication between _____ and the patient's primary care physician shall occur within two weeks of initial and/or follow-up evaluations.
3. Communication between _____ and the patient's primary care physician may occur via mail, fax or telephone call (followed by documentation of the telephone call in the medical record and/or a hard copy of the communication).