

EBNHC Recovery Services

Referral Request for Outpatient Treatment

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:

- | | | |
|--|-----------------------|---------------------|
| <input type="checkbox"/> Recovery Services – South End (1601 Washington Street) | Phone: (857) 206-7495 | Fax: (617) 587-1987 |
| <input type="checkbox"/> Recovery Services – East Boston (79 Paris Street 1 st 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):

- | | |
|---|--|
| <input type="checkbox"/> Substance Use Disorder Assessment | <input type="checkbox"/> Primary Care Services – (Refer to primary care) |
| <input type="checkbox"/> Medication Assisted Treatment | <input type="checkbox"/> Peer Recovery Support |
| <input type="checkbox"/> Individual / Group Counseling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Specialty Services – Hep C treatment/Acupuncture | |

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.