

Sample Patient Notification Letter from PCP to Patient

<Date>

<XXXXX> Primary Care Clinic / Provider Name

<Address>

<Address Line 2>

Dear <Patient Name>:

The main goal of <Insert Name of Clinic> is to provide the best possible medical care. The <Insert Name of Clinic> staff understands that when someone is in pain, relief is important. However, managing pain is often difficult. Pain medications may lead to serious harm and even death. For your safety, this clinic has put into place a new set of guidelines for prescribing pain relief medications containing opioids such as Vicodin® and Percocet®.

These new guidelines will be starting on <Insert Date>. These guidelines have been adopted by Primary Care Clinics and Emergency Departments at all the hospitals across Sonoma County. The best medical practice is to have one provider manage chronic medical conditions, pain and medication needs. Good care is difficult to provide if a patient visits multiple primary care clinics or emergency departments.

Your primary care provider will be working closely with you to ensure that the best pain treatment plan, one that includes coordination with any other healthcare providers you see, is in place. <Insert Name of Clinic> discourages visiting the Emergency Department to refill your opioid prescriptions. If you take pain medications on a regular basis, you should coordinate with your primary care provider to obtain refills, including planning in advance for any weekend or holiday medication refills.

For any safety concerns or additional information, please contact your primary care provider.

Sincerely,

Chief Medical Officer Name, MD

<Insert Name of Clinic> Primary Care Clinic, Medical Director/Chief Medical Officer