DRAFT LETTER TO ACTIVE CLIENTS OF A CLOSED BEHAVIORAL HEALTH DBH GRANTEE AGENCY
(One Possible Reality)

Dear _____:

As you know, _____(name of now closed grantee BH agency)_____ stopped providing services to its clients as of _____(date)_____. Records maintained by your former service provider tell us that you were considered an **active** client of this behavioral health agency and that you had been receiving behavioral health services from that agency up until it closed. **(Discussion Point No. 1)**

As of _____(date)_____, the Department of Health & Social Services (DHSS), Division of Behavioral Health (DBH) assumed custody of all of the closed agency's files, including the client records (**electronic and paper**). As a DBH grantee, the records maintained by the grantee must now be appropriately transferred. We are writing to let you know what DBH intends to do with the agency's records, and to provide you, a (now) former client of that agency, a number of options.

Because you were receiving services from __(name of closed agency's)___ staff before it closed, you have any of the following three options available to you. (**Discussion Point No. 2)**

1. You want your files (paper and electronic) transferred to [the name of the agency (immediately) assuming responsibility for the former grantee's business and clinical services].

If you do want to receive behavioral health services from _____, then you will need to fill-out the enclosed *Release of Information (ROI)*, indicating your decision to seek services from the replacement agency and then send the completed ROI back to DBH.

Once we receive your signed ROI, DBH will provide a copy of the completed ROI to _____(the replacement agency)_____ **and** also hand over your actual (physical, paper) file to the replacement agency, as well. **(Discussion Point No. 3)**

If you have not already contacted the new agency about receiving services from that agency, your ROI will signal your decision to receive its services, and you will shortly thereafter receive a call from their staff regarding scheduling continuation of those services.[1] If you have already completed an ROI giving the replacement agency access to your records, then you do not need to complete another one, but we would ask that you check with that agency to make sure that they have your ROI on file and that your records have been formally transferred.

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[1]You should be advised that this may well require a new patient assessment, (re)enrollment in AKAIMS as a "new" client, as well as other matters that will appear duplicative but result from your move to a new provider, even if this provider has essentially agreed to immediately accept all willing clients – and assume the workload – of the behavioral health agency that has just recently gone out of business.

2. You *do not* want your file transferred to the (new) replacement agency, but you do want it transferred to another local behavioral health provider.

If you do not want your client record to be transferred to the agency replacing your former behavioral health provider, but you do want your file to be transferred to another behavioral health provider agency in your community, please complete the enclosed ROI, stating the name and address of the provider agency to which you want your record sent.

On receipt of your signed ROI, DBH will send a copy of the ROI to the named provider and send or deliver your (physical) client file to the new provider you selected. **(Discussion Point No. 4)**

3. You do NOT want your file to be transferred to any agency.

If you do not want your client record transferred to any agency or to any other provider, then you do not need to do anything.

If DBH does not receive a signed ROI from you before _____(date)_____, then we will simply transfer your closed file to Anchorage for retention and safe keeping in accordance with federal and state law, as well as its eventual destruction once the legal retention period has passed.

Acting on this request as quickly as possible is especially important if you wish to transfer your current client record to either the new replacement agency or to any other local behavioral health provider. The more quickly we process your ROI, so that your selected agency is given direct access to your client file, the better will be the efficiency and effectiveness of your transfer to your new provider. We would like to thank you in advance for your very prompt attention to this matter. **(Discussion Point No. 5)**

If you have any questions regarding this matter, please do not hesitate to contact the Division of Behavioral Health at 1.800.770.3930. Please ask to speak to Randall Burns.

Thanks so much!

Sincerely,

Division of Behavioral Health

(Discussion Point No. 6: Inactive Client Files)