

SAMPLE LETTER: To Current/Active Patients During COVID-19 Crisis

(Send via regular mail)

[Date]

[Patient's Name and Address]

Dear [Patient's Name],

Our medical practice supports local, state, and national efforts to fight the COVID-19 pandemic as it continues to spread throughout the nation and our community. To keep you and our staff safe and to preserve personal protective equipment and patient care supplies during this emergency, we are following state and local health department guidelines as well as recommendations from the Centers for Disease Control and Prevention. Our practice is taking the following actions:

[Select the points that apply to your situation.]

- We are postponing all routine appointments. We will contact you to reschedule any upcoming appointments.
- We are postponing all elective, nonurgent inpatient and outpatient surgeries and procedures.
- We will continue to answer questions and respond to urgent inquiries by telephone.
- We are limiting our hours of practice and the types of care given/procedures performed. Go to our website at [insert web address] to see our specific hours of operation and the types of services we are currently providing.
- We have arranged coverage for our patients during our temporary closure with [insert name of physician, practice, or other provider] at [insert telephone number and email address].
- We are suspending in-person visits and are providing telephone consultations.
- We are suspending in-person visits and are integrating telehealth into our practice. To participate in telehealth consultations, download the telehealth consent form posted on our website at [insert web address]. Return the signed document to our office promptly to help ensure continuity of care.
- Prescription refills are available consistent with federal and state laws. Our policy for medication refills is outlined on our practice website at [insert web address].
- Consultations with your other healthcare providers and specialty consultants will continue to be conducted by this office electronically by telephone and secure email.
- Inquiries that are not urgent may be submitted through our secure patient portal; responses will be made within three business days of receipt.
- If you experience any medical emergencies during hours that we are not open [or during our temporary closure], please call 911 immediately for assistance.
- All changes to our hours of operation and the services currently available will be updated on the practice website at [insert web address], including the date of our anticipated return to our normal schedule.
- We will make your medical records available upon receipt of a completed and signed HIPAA-compliant release form. Please call our office for a copy of the authorization form [or you may download the authorization directly from our website at (insert web address)].

Our first priority continues to be the safety and well-being of our patients and staff. We will continue to monitor the situation on a national, regional, and local basis to remain current on all medical developments concerning the pandemic and recommended best practices. Our website will be updated as circumstances evolve.

Please contact us by telephone at [insert number] or by email at [insert email address] if you have questions that are not urgent. We will respond as soon as we can.

Thank you for choosing our practice. We appreciate your patience during this difficult time.

Sincerely,

[Physician Name]

(Copy to be placed in patient's medical record)

SAMPLE

This sample letter is for reference purposes only. It is a general guideline, not a statement of standard of care, and should be edited and amended to reflect policy requirements of your practice site(s), CMS and accreditation requirements, if any, and legal requirements of your individual state(s).