Treatment Summary and Transfer

For another provider, the client or a recipient the client names in writing

Check the permission first. Write only what this reader needs. Never include psychotherapy notes.

Practice, recipient and legal basis

Practice, clinician and license

Phone or secure contact

Date

Recipient: name, role, organization

Sent by (portal, fax, mail)

Pages

- ☐ Treatment, other provider
- ☐ Client's own request
- ☐ Signed client directed
- ☐ Authorization on file
- ☐ Court order
- ☐ Other (describe)

1. Client and services

Client name

Date of birth

First session

Last session

Sessions attended

Format and frequency

Main approach

2. Clinical summary

Reason for referral and presenting concerns

Diagnosis (code, date made) and measures (dates and scores)

Goals and main interventions

Progress and response, with evidence

Current status and risk at last contact (dated); safety plan if any

Recommendations: level of care, frequency, focus, what to watch

3. What is enclosed

- ☐ This summary only
- ☐ Copy of records (listed)
- ☐ Psychotherapy notes NOT sent
- ☐ Part 2 notice attached
- ☐ Test data not included
- ☐ Others' details removed

This summary contains confidential health information, shared for the purpose stated above only. Please do not redisclose it except as the law permits. [Add any wording your state requires.]

Clinician signature, credentials, license no. and state

Date

Office use: received _____ due if access (30 days) _____ sent _____ logged ☐

Template to adapt. Not legal advice. Check HIPAA, your state's records laws and 42 CFR part 2 if it applies.
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Treatment Summary and Transfer

For another provider, the client or a recipient the client names in writing

FILLED EXAMPLE · fictional practice, clinician, client and details

Practice, recipient and legal basis

Practice, clinician and license: Stillwater Bend Counseling, D. Moreau, LCSW

Phone or secure contact: (555) 010-0148, portal

Date: 11/09/2026

Recipient: name, role, organization: K. Ellison, PsyD, Northfield Psychology Group

Sent by (portal, fax, mail): Secure portal

Pages: 2 + 3

- [x] Treatment, other provider
- [ ] Client's own request
- [ ] Signed client directed
- [x] Authorization on file
- [ ] Court order
- [ ] Other (describe)

1. Client and services

Client name: Morgan L. (fictional)

Date of birth: 04/18/1992

First session: 01/12/2026

Last session: 10/27/2026

Sessions attended: 26

Format and frequency: 50 min, weekly then every 2 weeks; half video

Main approach: CBT for anxiety, exposure

2. Clinical summary

Reason for referral and presenting concerns

Referred by primary care after urgent care visits for chest tightness (cardiac workups negative).

Daily worry, poor sleep, avoided highway driving and team meetings, two weeks of unpaid leave.

Diagnosis (code, date made) and measures (dates and scores)

F41.1 Generalized anxiety disorder, made 01/19/2026.

GAD-7: 15 (01/12), 11 (04/06), 7 (10/13). PHQ-9: 11 (01/12), 5 (10/13).

Goals and main interventions

1 Worry and body anxiety: worry postponement, restructuring. 2 Avoidance: graded exposure.

3 Sleep: relaxation training, wind down routine. Short written coping plans.

Progress and response, with evidence

1 Met: full time work from 05/04/2026, no missed days for anxiety. 2 Largely met: drives highway alone,

speaks in meetings; still avoids presenting to leadership. 3 Partly met: sleep onset ~30 min, early waking.

Current status and risk at last contact (dated); safety plan if any

10/27/2026: anxiety 'manageable most days'. Denied suicidal ideation, intent, plan at intake and each

quarterly check, last 10/27/2026. No attempts or self harm. No safety concerns; no safety plan needed.

Recommendations: level of care, frequency, focus, what to watch

Outpatient therapy every 2 weeks for 2 to 3 months after the move. Continue exposure hierarchy (presenting).

Sleep: consider CBT-I strategies. Watch for returning avoidance and symptoms read as illness.

3. What is enclosed

- [ ] This summary only
- [x] Copy of records (listed)
- [x] Psychotherapy notes NOT sent
- [ ] Part 2 notice attached
- [x] Test data not included
- [x] Others' details removed

This summary contains confidential health information, shared for the purpose stated above only. Please do not redisclose it except as the law permits. [Add any wording your state requires.]

Clinician signature, credentials, license no. and state: D. Moreau, LCSW, Lic. 000000 (fictional), [State]

Date: 11/09/2026

Office use: request received 11/03/2026 · basis: treatment, release 11/03/2026 · sent 11/09/2026 by portal · logged DM

Template to adapt. Not legal advice. Check HIPAA, your state's records laws and 42 CFR part 2 if it applies.

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Before You Send: Checklist

Ten checks for every treatment summary or records transfer, plus a request and transfer log

Every time, before it leaves the practice

- [ ] 1. Request logged the day it arrived; due date set if it is access.
- [ ] 2. Reader and legal basis named (treatment, access, authorization).
- [ ] 3. Permission read against the request: recipient, scope, expiry.
- [ ] 4. Requester's identity and authority verified.
- [ ] 5. Client asked for own records? Summary only if they chose it.
- [ ] 6. Fee, if any, agreed in writing before you start.
- [ ] 7. No psychotherapy notes, raw test data or others' details.
- [ ] 8. Current status and risk dated; recommendations specific.
- [ ] 9. Signed, dated, confidentiality line; Part 2 notice if needed.
- [ ] 10. Sent securely; copy, permission and log entry filed.

Records request and transfer log: one row per request

	Received	Client	Requested by	Basis	Due by	What sent	Sent, how	Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Basis key: T treatment by another provider, A client's own access request (act within 30 days, one 30 day extension in writing), D signed client directed request, Au authorization, C court order or subpoena. Keep the log, permissions and copies of what you sent with your HIPAA documentation for at least six years (164.530(j)).

Template to adapt. Not legal advice. Check HIPAA, your state's records laws and 42 CFR part 2 if it applies.
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