Name of Policy:	**Mental Health Referrals**	
Policy Number:	3364-170-08	
Department:	UTMC Care Clinic/ Ryan White Program	
Approving Officer:	Chief Operating Officer - UTMC	
Responsible Agent:	Program Director UTMC Care Clinic/Ryan White Program	**Effective Date**: 5/01/2023
Scope:	OP-Clinic- UTMC Care Clinic/Ryan White Program	Initial Effective Date: 4/1/2023

x New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy Statement

A formalized referral will be placed in the EMR when recommending psychiatric or behavioral health services.

(B) Purpose of Policy

To ensure continuity of care, treatment, and services is maintained and individuals are appropriately assigned to clinicians.

(C) Procedure

1. The referring provider will complete the referral form in the EMR identifying the treatment being requested and as well as a note that will identify the specific reason for the referral.

2. The written referral will be routed to the Ryan White Social Support Pool

3. The Ryan White Social Support Pool is monitored by program staff and referral will be addressed within 24-72 business hours of receipt.

Approved by:		**Review/Revision Date:**
/s/ Christine Stesney-Ridenour Chief Operating Officer	05/10/2023 Date	
/s/ Katie Himich Program Director	05/10/2023 Date	
Review/Revision Completed By: *Agency Administration*		**Next Review Date:** 3/16/2026
Policies Superseded by This Policy:		