

**MEDICAL PROVIDER INFANT DISCHARGE SUMMARY
COVER LETTER
FORM C**

Date:

Dear (Medical Care Provider):

Re: (Name of Beneficiary)

Your patient was enrolled in the Maternal Infant Health Program (MIHP). Attached to this letter you will find a summary which describes MIHP services provided during infancy. It includes the initial and ongoing risks as well as the current status of these concerns.

Our agency has informed the beneficiary's parent (s) of her infant's privacy and security protections under the Health Insurance Portability and Accountability Act (HIPAA). We have a signed release of information on file that allows our MIHP to communicate with you as her infant's health care provider. We will fax a copy of the release upon request.

If you would like more information or have questions, please contact the person listed below.

Sincerely,

MIHP staff
Agency
Telephone
Fax