

**MATERNAL SUMMARY FOR MEDICAL CARE PROVIDER
COVER LETTER
FORM C**

Date:

Dear (Medical Care Provider):

Re: (Name of Beneficiary)

Your prenatal 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 pregnancy. It includes the initial and ongoing risks as well as the current status of these concerns.

Our agency has informed the beneficiary of her 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 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