Dear (Name of Physician You are giving this letter to)

My name is \_\_\_\_\_\_\_\_\_\_ . I am a licensed (Mental Health Counselor, Social Worker, Psychologist or Marriage and Family therapist in the state of \_\_\_\_\_. I am also trained in Mindfulness Based Stress Reduction (MBSR) which is the most evidence based non-medication model of treating patients with acute or chronic pain conditions. My mentor in the MBSR Train the Trainer Program had completed the Provider Clinical Support System (PCSS) program which is provided to Medical Personnel seeking the SAMHSA waiver and I have been well informed about the regulations surrounding the Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) using Suboxone.

Given this background I am reaching out to you since you have a SAMHSA waiver to administer Suboxone to patients who are recovering from OUD. It is well known that non-compliance is a major issue in treating such patients. It is for this reason that SAMHSA strongly recommends both psychosocial support and counseling services be provided these patients to increase their compliance with MAT for OUD.

If you currently have a Behavioral Health Consultant on staff working with your patients, I am happy to know this. However, if you would be interested in contracting or hiring a trained Behavior Health Consultant who knows how to work with patients who have become addicted to opioids while being treated for their pain, I just wanted to let you know of my availability.

You can reach me at \_\_\_\_\_\_\_\_\_\_\_\_\_ by phone or at \_\_\_\_\_\_\_\_\_\_ by email.

Thank you for your time,

Sincerely,

YOUR NAME License #

Etc.