

**Montana Mental Health Nursing Care Center
800 Casino Creek Drive
Lewistown, Montana 59457
(406)-538-7451**

Date: _____

RE: _____

Dear: _____,

In order to facilitate continued care for our residents the Montana Mental Health Nursing Care Center has an agreement with our local hospital, Central Montana Medical Center (CMMC), to accept our Superintendent's, or his designee's, signature for routine medical procedures on your behalf. Please see the consent for specific details.

Attached is the permission form, **which is sent out on an annual basis**, for your, the Guardians and/or Durable POAs, signature

It is important that we receive this back in a timely manner to ensure continuity of care. A self-addressed stamped envelope is enclosed for your convenience.

On behalf of the Montana Mental Health Nursing Care Center thank you for your attention to this matter.

Sincerely

Medical Records/HIPPA Privacy Officer
(406)-535-6941