Subject: Referral Request Tracking Form	Initial Date: 03-10-2009		
Responsibility: President Elect	Date Reviewed: 04-24-2009		
Approved by: SCV-CAMFT Board of Directors on 04-24-2009	Date Revised: 03-10-2009	P&P 111, 111-A	

111 RERERRAL REQUEST TRACKING FORM

I. Purpose

The purpose of this document is to provide policies and procedures for ensuring the fulfillment of therapy referral requests and the tracking of them. Referrals are requested by chapter members and non-chapter members, therapists and non-therapists.

II. Policy

It is the policy of the chapter to ensure appropriate referrals are given to anyone requesting them, using a standard ethical policy of giving out three names of therapists to the requestor.

III. Procedures

Purpose: To provide referrals in an unbiased manner based upon requested criteria.

Policy: The President-Elect will respond to requests within 24 hours of receiving a request from the Chapter Coordinator, either providing referrals or seeking additional information from the requestor. If necessary, once additional information is obtained, referrals will be provided in a timely manner.

Procedure:

- 1) Referrals generally are requested via Chapter voicemail or email. The SCV-CAMFT Chapter Coordinator forwards referral requests to the President-Elect in a timely manner.
- 2) President-Elect searches the SCV-CAMFT, online, pdf Membership Directory based upon the criteria requested e.g., gender, location, specialization. If little or no criteria are given, President-Elect will attempt to contact the requestor to obtain more specific criteria.
- 3) President-Elect, when possible, provides a minimum of three licensed therapists as referrals, and responds to the requestor via phone or email, based upon how the request came in.
- 4) President-Elect uses a fair and unbiased approach in making referrals.
- 5) President-Elect logs the referral requests and the referrals which were provided on the referral Request Tracking Form (P&P 111-A). The tracking from includes fields for the requestor's criteria and contact information, space for the names of three referrals given, etc.

Date In &							Requestor /		I	1
3				Requestor /	Requestor /	Requestor /	Therapist	Type of		
Therapist	Time	Date		Therapist	Therapist Last	Therapist Phone	Geographic	Insurance	Specialty / Preference	
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