

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: Confidential Health Screening Reminder**

Dear [Patient Name],

As part of our commitment to your total well-being, [Clinic/Organization Name] provides annual mental health screenings for all our patients. Our records indicate that you are due for your routine depression screening.

Mental health is just as important as physical health. This screening is a brief, confidential tool used to help identify potential symptoms early and ensure you receive the support you need.

**How to complete your screening:**

- Log in to your patient portal at [URL] and complete the "PHQ-9" form.
- Complete the screening during your next scheduled appointment on [Date].
- Call our office at [Phone Number] to speak with a coordinator.

All results are strictly confidential and will only be shared with your primary care provider as part of your electronic health record.

If you are currently experiencing a mental health crisis, please call or text 988 (Suicide & Crisis Lifeline) or go to the nearest emergency room immediately.

Sincerely,

[Provider Name/Department]

[Clinic/Organization Name]

[Contact Information]