

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Kaiser Permanente

[Specific Department or Address]
[City, State, Zip Code]

Subject: Request for Continuity of Care

Dear [Recipient's Name or "Continuity of Care Department"],
I hope this letter finds you well. I am writing to formally request continuity of care due to my recent transition to Kaiser Permanente. My previous healthcare provider, [Previous Provider's Name], has been managing my treatment for [specific condition or medical issue] since [date], and I am concerned about the impact of transitioning to a new provider.

To ensure a smooth transition and uninterrupted care, I would appreciate guidance on how to continue receiving the necessary treatment and medications that have been part of my regimen. I have included my medical records from [Previous Provider's Name] for your review to assist in this process.

Please let me know if there are any forms to fill out or additional information you require to facilitate this request. I look forward to your prompt response and appreciate your assistance in ensuring my continuity of care.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Member ID Number] (if applicable)