**<Provincial Clinical Communication Title>**

**Date issued: April 17, 2023**

**To:**

**Re:**

**From:**



**Change:**

* What process is changing/being introduced/stopping provincially?
* When is the change occurring (effective immediately or on a specific date)?
* What are the clinical or administrative expectations?

**Background:** *(as needed)*

* Previous process/policy/guideline/direction
* Problem being addressed

**Impact:**

* Describe the intent of the change such as equitable access to services.
* How it will change patient/clinician/SDO interactions or experience.

**Changes to Note**

Highlight important differences in process, safety considerations, risks or reiterate important messaging– as needed

**Resources:**

* Where to find additional/relevant information.
* Specific education or training opportunities.

Thank you for your cooperation. If you have any questions, please contact \_\_\_\_***Full Name of Contact***\_\_\_\_ at \_\_\_***Phone Number***\_\_\_ or email \_\_\_\_***email address***\_\_\_\_.

**\*\* Note: Keep the document to one page whenever possible \*\***