# 8.4

**Sample letter to Team Care Arrangement (TCA) team members**

Letterhead

Date

Health Care Provider Re:

Dear

I am preparing a Team Care Arrangements (TCA) for this patient who has given consent to include you as a member

of the team.

Could you please advise me by phone or fax if you agree to be involved in the Team Care Arrangements for this patient?

A draft copy of the TCA is attached.

Yours sincerely

Doctor

Provider number

## I am willing to be involved in this Team Care Arrangements and I am in agreement with the enclosed TCA I am willing to be involved in this Team Care Arrangements, and I would like to make some changes to the

plan (please attach your suggested changes).

Signature: …………………………………………. Date: …../…../…..

Fax back

ASHM: HIV Shared Care and GP Management Plan (GPMP) Guide 2024