**Letter of Necessity for Supports During Emergency Department or Hospital stay**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom it May Concern:

I write today on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_, who has a diagnosis of Autism Spectrum Disorder (ASD). This patient has significant challenges with communication, understanding social expectations, and .. They also have significant difficulties with processing verbal information and adapting to change. As such, unfamiliar environments, people, and procedures will likely lead to the need for additional communication and behavioral supports.

Accordingly, it is my recommendation that a familiar caregiver such as a parent, guardian, or caregiver remain with the patient, or is readily accessible, throughout their stay.

I have asked the parent/guardian to document the patient’s support needs and to bring this document to the facility to assist in the treatment of this individual. In addition to the presence of a familiar caregiver, supports may include use of visual aids, repetition and demonstration of instructions, or others as indicated on my Autism Health Passport.

Thank you for all you are doing to protect the health of your patients. I appreciate your consideration in making these provisions in the care of this patient. Please feel free to contact me if you have any questions or require additional resources.

Sincerely,



Catherine E Rice, PhD

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Director, Emory Autism Center

Professor, Psychiatry & Behavioral Sciences

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