



Informed Consent Form

LIMITED CONFIDENTIALITY

Participant Name: _____

I understand that in accordance with the protocols established between Medical Professionals Health Program (MPHP) and the Licensing Board(s), any participant who:

- a) has injured a patient
- b) is, in the opinion of the MPHP team, in imminent danger of injuring a patient
- c) has a diagnosis of a Substance Use Disorder, or is required to remain abstinent in their monitoring agreement, and has relapsed or returned to usage of alcohol or any psychoactive drug
- d) has a diagnosis of a Substance Use disorder, or is required to remain abstinent in their monitoring agreement, and has had a positive drug screen with or without explanation unless there is a valid prescription on file with MPHP.
- e) has prematurely terminated their MPHP agreement against staff recommendations or has refused to sign a recommended agreement with MPHP
- f) has a monitoring agreement and leaves the state or country with or without the intent to practice and/or no monitoring in place.
- g) Has a behavioral disability or mental illness that we believe hinders their ability to work without evidence of appropriate supports being in place

will be referred to the appropriate Licensing Board. Additionally, please be advised that the MPHP does not inform the boards of the status of any participant in our program unless any one of these points is in question. Also any medical professional renewing a license must be honest in their answers which may mean admitting participation in the program or treatment for a substance use disorder.

The MPHP may also have a legal and/or ethical responsibility to report to the appropriate agency any participant who is known or suspected to have committed child abuse or sexual abuse of a patient.

If the referral to MPHP was made by an employer, MPHP will correspond with the referring individual once the intake and/or evaluation is complete to relay recommendations for program participation. Similarly, the MPHP reserves the right to correspond with the employer for all matters as outlined above.

I understand the MPHP may communicate with the individuals involved in my case should my welfare or the welfare of the general public be at stake. This includes primary care providers, therapists, psychiatrists, addictionologists, employers, worksite monitors, attorneys, or my emergency contact.

I have read and understand the above statements and further understand that I have the opportunity to consult with an attorney concerning its consequences, at my own expense.

Signed: _____
Participant

Dated: _____

Signed: _____
MPHP Team member

Dated: _____

