



# Informed Consent Form

## LIMITED CONFIDENTIALITY

Participant Name: \_\_\_\_\_

I understand the MPHP has protocols with the licensing boards and must report to the appropriate board if any participant is involved in the following:

- a) has injured a patient
- b) If, in the determination by MPHP Staff, the participant is in imminent danger of injuring a patient.
- c) is required to remain abstinent in their monitoring agreement and/or board consent agreement and has relapsed or returned to usage of alcohol or any psychoactive drug with or without the presence of a positive toxicological test.
- d) has prematurely terminated their MPHP monitoring agreement against staff recommendations or has refused to sign a recommended evaluation and/or monitoring agreement with MPHP
- e) has a monitoring agreement and leaves the state or country with or without the intent to practice and/or no monitoring in place.
- f) has exhibited disruptive behavior that the MPHP believes may hinder their ability to work without the evidence of appropriate supports being in place.
- g) Has been arrested, charged, or convicted of a criminal offense.

\*\*All Board of Licensure in Medicine licensees must report on their own to the Board within 10 days of an arrest, charge, or conviction per statute. All other licensees should check with their respective Boards regarding their reporting requirements for these offenses and report accordingly to the appropriate Licensing Board. Any medical professional renewing a license must be honest in their answers which may require disclosure of participation in treatment or the MPHP.\*\*



MPHP Staff are mandated reporters and as such have the following requirements:

- When in the determination by MPHP Staff, the participant is deemed in imminent danger of injuring themselves or someone else
- When a staff member knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred.
- When a staff member knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected or exploited
- When a staff member knows the participant is active in the commission of a crime while on program property



MPHP will correspond with the referring individual/organization once the intake and/or evaluation process is complete to relay recommendations for program participation.



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



MPHP participants are expected to remain up to date with any financial obligations to the MPHP. I understand that, should I accrue a past due account, I may not complete the program in good standing if the balance is left unpaid, and may be reported to my licensing board for administrative non-compliance. Additionally, the outstanding balance may be sent to a collections agency. I understand that a program waiver or fee reduction is available when demonstrable need exists, and it is my responsibility to update the form every 6 months during my monitoring period, for as long as it is applicable.

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Participant

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
MPHP Team member