Physician's Health Program (PHP)
5141 Virginia Way, Ste. 110
Brentwood, Tennessee 37027
Telephone (615) 467-6411 Fax **(615) 467-6419**

AUTHORIZATION AND CONSENT FOR EXCHANGE OF INFORMATION BETWEEN TMF PHP AND WORK SITE MONITOR

I, _____
(Please print Participant Name legibly)

Primary Phone _____ Secondary Phone: _____

Home Address: _____
Street City State Zip

Office Address: _____
Street City State Zip

HEREBY AUTHORIZE:
The TENNESSEE MEDICAL FOUNDATION PHYSICIANS HEALTH PROGRAM'S STAFF

And _____
(Work Site Monitor) (Email Address) (Phone Number)

1. TO EXCHANGE INFORMATION

2. PURPOSE: To facilitate case management, advocacy efforts, and/or aftercare follow-up and to assess on-going progress

3. Participant's Signature: _____

4. Date of Signature _____/_____/_____

Expiration: THIS CONSENT IS SUBJECT TO WRITTEN REVOCATION BY THE PARTICIPANT AT ANY TIME. I MAY CHANGE MY WORK SITE MONITOR AT ANY TIME. IF NOT PREVIOUSLY REVOKED, THIS CONSENT WILL TERMINATE IN ONE YEAR FROM THE ABOVE DATE AND WILL REQUIRE ANNUAL RENEWAL.