



Physicians Health Program (PHP)
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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)

1. TO EXCHANGE INFORMATION

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

3. Participants 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.