



**Physician's Health Program (PHP)**  
5141 Virginia Way, Suite 110  
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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 PHYSICIAN'S 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.