



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 PHYSICIAN'S HEALTH PROGRAM 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 AT ANY TIME EXCEPT TO THE EXTENT THAT THE TMF-PHP WHICH IS TO MAKE THIS DISCLOSURE HAS ALREADY TAKEN ACTION IN RELIANCE ON THIS AUTHORIZATION/CONSENT. THE PARTICIPANT MAY REQUEST A RESTRICTION OF THE USE OF COVERED INFORMATION, BUT, UNLESS IT AGREES, THE TMF-PHP IS NOT REQUIRED TO HONOR THAT REQUEST. IF NOT PREVIOUSLY REVOKED, THIS CONSENT WILL TERMINATE ONE YEAR AFTER COMPLETION OF TMF-PHP PARTICIPATION OR AFTERCARE CONTRACT UNLESS ANOTHER DATE IS INDICATED: ____/____/____.

Verification of Work Site Monitor
Please print legibly

TMF Participant Name: _____

Work Site Monitor Contact information <i>(* indicates required)</i>	
* Name:	_____
* Work Phone:	_____
Or	
* Cell Phone:	_____
Pager:	_____
* Email address:	_____
* Address:	_____
* City:	_____
* State:	_____ * Zip code: _____

Please return via fax to: 615-467-6419

Attention: Nancy Hooper or Tamiko Webb

or mail to:

Tennessee Medical Foundation
5141 Virginia Way, Ste. 110
Brentwood, Tennessee 37027

Do you employ, supervise, pay or have a business relationship
with your Work Site Monitor?

Circle One: Yes No