New Hampshire
Professionals Health Program

Sally Garhart, MD • Medical Director
Deanne M. Chapman, MS, PA-C • Assistant Medical Director

PO Box 6274, Amherst, NH 03031 | 603.491.5036 or 603.361.5446 | Fax 603.924.0161 | www.nhphp.org

NHPHP Communication Authorization

I_____ grant communication authorization between the following individuals and the NH Professionals Health Program as part of my assessment and contract with the NH PHP.

	Name	Address	Telephone
Primary MD:			
Therapist:			
Psychiatrist/Psychologist:			
Attorney:			
Practice Monitor:			
Other:			

I hereby authorize the individuals named above to communicate verbally and in writing with the NH Professionals Health Program Director and Assistant Director any information relevant to my competence to safely practice medicine and any information as to my mental, physical and/or behavioral health or possible use of drugs or alcohol without restrictions.

I authorize specifically release of the following medical records regarding substance abuse. This authorization includes, but is not limited to, completion of quarterly monitor forms regarding my compliance with substance abuse treatment.

_____ _____ _____

Signature Printed name Date