New Hampshire
Professionals Health Program

Molly Rossignol DO FAAFP FASAM • Medical Director
Deanne M. Chapman, MS, PA-C • Director of Operations
Pete DalPra LADC, LCS • Clinical Coordinator

Mail: PO Box 6274, Amherst, NH 03031 Office:125 Airport Rd, Concord | 603.491.5036 | 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 (include credentials)	Office Address	Email Address	Telephone
Primary MD:				
Therapist:				
Psychiatrist:				
Attorney:				
Work Monitor:				
Other:				

I hereby authorize the individual(s) named above to communicate verbally and in writing with the NH Professionals Health Program Medical Director and staff any information relevant to my competence to safely practice my healthcare profession 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 discussion and quarterly treatment reports regarding substance abuse. This authorization includes, but is not limited to, completion of quarterly monitor forms regarding my compliance with treatment.

_____ _____ _____

Signature Printed name Date