MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
651-642-0487 | 651-797-1380 (Fax)
mn.gov/boards/hpsp

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Participant Name: First Middle Last			**DOB:**
Party: Employee Health		**Agency:** St. Cloud Hospital EHS	
Phone: 320-255-5634	**Fax:** 320-255-5637	**Contact Person:** Nicole Harren, Mandy Krippner or designee	
Address: 1406 6th Avenue N.	**City:** St. Cloud	**State:** MN	**Zip:** 56303

This authorization is (check one): ☐ **New** ☐ **Renewal** ☐ **Replacing**

PURPOSE OF DISCLOSURE: You are being asked to authorize HPSP to obtain data for the purposes of determining your eligibility for HPSP services, to establish and implement a Participation Agreement, and to provide ongoing monitoring services. You are not legally obligated to release this information to HPSP; however, if you fail to release the information, HPSP will discharge you and make a report to your regulatory board. I am authorizing HPSP to provide Employee Health Services with private monitoring data concerning my participation in HPSP to assist in determining my ability to practice safely.

INFORMATION TO BE EXCHANGED BETWEEN HPSP AND THE ABOVE IDENTIFIED PARTY:

Work Status, Quality and Ability	X	Toxicology Screen Results	
Fitness for Duty Evaluation		Monitoring Data	
Status of Medical & Psychiatric Disorders		Verbal Exchange of Information	X
Work Restrictions	X	Status of Substance Use & Continuing Care	

I UNDERSTAND THAT:

- My decision to allow release of the data to Employee Health Services is voluntary;
- HPSP wants to release the data to assist in determining my ability to practice safely;
- Although the data are classified as private at HPSP, the classification/treatment of the data at Employee Health Services may not be the same and is dependent on the laws or policies that apply to Employee Health Services;
- I give HPSP permission to discuss the data released by this consent with Employee Health Services.
- This authorization expires at the end of one year from the date of signature, unless expressly removed in writing earlier.
- I may revoke this authorization at any time by notifying HPSP and the providing individual/organization in writing, and it will be effective on the date notified except for information that has already been released under this authorization.
- The information provided to HPSP may be accessible to HPSP medical consultants and other providing organizations authorized to exchange information.
- HPSP may release data to other persons and government entities who are authorized to review data, investigate specific conduct, or take other legal action. Data obtained by HPSP is governed by Minnesota Statutes chapter 13 and section 214.35.

PARTICIPANT SIGNATURE: ____ **DATE:** ____________