

CONFIDENTIAL SELF-REPORT FORM

By submitting this confidential Self-Report, you are indicating your intent to enroll in the Health Professional Services Program (HPSP). A case will be opened, and a case manager will contact you to schedule an intake, after which HPSP will determine monitoring needs. This form can be faxed (651-797-1380), e-mailed (hlnhpsp@state.mn.us) or mailed to us (1360 Energy Park Drive Suite 220 St. Paul MN 55108)

This form is not for general questions or for individuals who are unsure whether they wish to enroll. If you are deciding whether to self-report, please contact our main line or email our general inbox to speak to a case manager. More information is available on our website.

Read the TENNESSEN below prior to filling out this Self-Report Form. By signing and dating below I am indicating I have read and understand the TENNESSEN located at the end of this form. I chose to initiate enrollment into HPSP.

PERSONAL INFORMATION

**as it appears on your health professional license*

First, Middle and Last Name*: _____
Date of Birth: _____ Pronouns: _____
Preferred Name: _____ Previous Name(s) (if applicable): _____
Address (Street, City, State, Zip): _____
Primary Phone: _____ E-mail Address: _____
Preferred method for written communication (e-mail or USPS): _____

REGULATORY BOARD(S)/LICENSING BOARD(S) and REGISTRATION INFORMATION

Primary:	Secondary License (if applicable):
MN Regulating Board: _____	MN Regulating Board: _____
Regulated Profession: _____	Regulated Profession: _____
MN license or registration number: _____	MN license or registration number: _____
Professional Specialty: _____	Professional Specialty: _____

CURRENT EMPLOYMENT INFORMATION

Employer #1: _____	Employer #2 (if applicable): _____
Position/Title: _____	Position/Title: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

By signing and dating below I am indicating I have read and understand the TENNESSEN located at the end of this form. I chose to initiate enrollment into HPSP.

Signature: _____ Date: _____

TENNESSEN

The following is provided to advise you about the information HPSP is seeking about you:

1. HPSP is seeking data from you that is considered private or confidential under the Minnesota Government Data Practices Act. The purpose and intended use of the requested data is to determine if you are eligible for admission to the program, which may include referring you to qualified professionals for evaluation, treatment, and continuing care. The data may be released to other persons or governmental entities who are authorized to review data, investigate specific conduct, or take other legal action.
2. You may refuse to supply the data requested and are not legally required to supply the requested data. If, however, you refuse to supply the data requested, HPSP will discharge you to your regulatory board.
3. If you choose to supply the data requested, HPSP will use the data to determine if you are eligible for admission into the program. If HPSP determines that you are ineligible for admission, HPSP will report the ineligibility determination to your regulatory board, which may include the data collected by HPSP. If HPSP determines that you are eligible for admission, the data will be used to formulate the terms of your Participation Agreement. You are not required to sign the Participation Agreement. If, however, you refuse to sign your Participation Agreement or fail to provide HPSP with a signed copy of your Participation Agreement within the requested time period, then HPSP will file a report with your regulatory board, which may include the data collected by HPSP.
4. If you sign the Participation Agreement, HPSP will use the requested data, along with future requested data, to monitor your compliance with the terms of your Participation Agreement. This data may be released to your regulatory Board if HPSP makes a mandatory report to the board under Minnesota Statutes section 214.33, subdivision 3. Your regulatory board may use that data to determine if you have violated any statutes or rules enforced or administered by your regulatory board. Violating the terms of your participation agreement or leaving the program without successfully completing the program may be grounds for your regulatory board to take disciplinary action. As such, data supplied to your regulatory board by HPSP may become public to the extent the data is incorporated into any public action taken by your regulatory board.

Eligibility:

Admission to HPSP is available to person regulated by participating boards who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition. Admission to HPSP shall be denied and a report will be filled with the licensing board of persons:

1. Who have diverted controlled substances for other than self-administration;
2. Who have been terminated from this or any other state professional services program for noncompliance in the program;
3. Currently under a board disciplinary order or correction action agreement, unless referred by a board;
4. Accused of sexual misconduct; or
5. Whose continued practice would create a serious risk of harm to the public.

In addition to the above, HPSP will report you to your regulatory board if you have:

1. Caused identifiable patient harm;
2. Unlawfully substituted or adulterated medications;
3. Wrote a prescription or caused a prescription to be dispensed in the name of a person, other than the prescriber, or veterinary patient for the personal use of the prescriber;
4. Altered a prescription without the knowledge of the prescriber for the purpose of obtaining a drug for personal use;
5. Unlawfully used controlled or mood-altering substances or used alcohol while providing patient care or during a period time in which you may have been contacted to provide patient care or were otherwise on duty; or
6. Have alleged to have committed violations of your practice act that are outside the authority of HPSP.