



GUIDELINES FOR REQUESTING CHANGE(S) TO MONITORING AGREEMENT

1. **Requests to Change Monitoring Agreements** *must* be made in writing utilizing the *following* form and mailed or faxed to the attention of the Licensee's Case Manager at HPRP P.O. Box 842, Troy, Michigan 48099-0842.
2. **Before** submitting a request a Request to Change Monitoring Agreement, licensees need to discuss the desired change(s) with each of their providers and provide HPRP with *written approval* from all of their providers.

Providers to include:

- a. **Addictionist** and/or **Primary Care Physician**
 - b. **Therapist** (Psychiatrist, Psychologist, MSW, ACSW, MA) and/or
 - c. **LLP, LPC**, (or anyone licensed or registered as a therapist)
3. Providers *must* supply their comments, and/or approval regarding the requested change in *writing*. These written comments need to be attached to the Request to Change Monitoring Agreement form.
 4. Include Release of Information forms as needed. Release of Information forms can be found on the HPRP website: www.hprp.org

Once the Licensee's Case Manager receives the completed **Request for Change to Monitoring Agreement** form along with appropriate written documentation from providers, the request will be reviewed. Licensees are encouraged to contact their Case Manager with any questions or concerns. Inclusion of all required documentation will expedite the process.

For the Request for Change to Monitoring Agreement form – See page 2

**PLEASE MAIL OR FAX THIS FORM AND NECESSARY RELEASES TO THE
ATTENTION OF YOUR CASE MANAGER AT HPRP WHEN**

P.O. Box 842 · Troy, Michigan 48099-0842 · (800) 453-3784 · Fax: (248) 519-0373



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Additional Notes or Information: