



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**

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



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HPRP Case Manager: Case Number:

NON-REGULATORY MONITORING REGULATORY MONITORING

I, _____ would like to request the following change(s) to my Monitoring Agreement. I will authorize releases and provide complete information as necessary including names of those involved and their titles. This would include proposed new providers or worksite monitors, new addresses and phone numbers, new hours of work, completion and request for closure, etc. Please be specific in your request. **YOUR REQUEST WILL NOT BE REVIEWED UNTIL DOCUMENTATION OF APPROVAL IS RECEIVED IN WRITING FROM YOUR PROVIDERS AND/OR WORKSITE MONITORS.** If your information is complete your request will be processed in a timely fashion. You may present this form to your providers and worksite monitors to facilitate your request.

Request #1

Request #2

Licensee Signature

Date

I, as a HPRP provider, approve the proposed changes to the monitoring agreement as stated above and have provided **clinical rationale** on page 3 of this document in support of my decision.

Therapist Signature

Date

I have provided clinical rationale on the following page

Addictionist/Psychiatrist Signature

Date

I have provided clinical rationale on the following page

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Additional Notes or Information:

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