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
GUIDELINES FOR REQUESTING CHANGE(S) TO MONITORING AGREEMENT

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

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
GUIDELINES FOR REQUESTING CHANGE(S) 
TO MONITORING AGREEMENT

Additional Notes or Information:

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www.hprp.org