



**STEP 1 – CLINICAL TEAM REVIEW OF HPRP
CLINICAL TEAM DECISION**

TO BE COMPLETED BY LICENSEE

Licensee Name: _____ Case Number: _____

Case Manager: _____

• **Please review the Clinical Team’s decision regarding:**

- A decision affecting the terms of the Monitoring Agreement
- A decision to close the participant’s case as non-compliant

• **Rationale for requesting a change in decision:**

I have attached additional documentation to support my request that was not available to the Clinical Team when their decision was made

Licensee Signature

Date



**STEP 1 – CLINICAL TEAM REVIEW OF HPRP
CLINICAL TEAM DECISION / PROVIDER INPUT**

TO BE COMPLETED BY TREATMENT PROVIDER

Licensee Name: _____

Provider Name: _____

Relationship to licensee: Addictionist Psychiatrist Pain Specialist Therapist

Opinion of request:

- I support the request.
- I do not support the request.
- I support the licensee's right to request a Step 1 Review.

Comments:

HPRP Treatment Provider Signature

Date