



Delaware Professionals' Health Monitoring Program Third Party Referral Form

This program is intended to provide an opportunity for regulated professionals (licensees), who may be experiencing difficulties with substance use and mental health issues to access professional help so they can continue working safely. The Program is not available to licensees who have committed any offense other than the status of being chemically dependent or impaired that would constitute grounds for discipline under applicable laws governing the regulated profession.

The Delaware Professionals' Health Monitoring Program (DPHMP) is administered by the Division of Professional Regulation and services are provided by Uprise Health an independent behavioral health services organization. In order for DPHMP to accept a referral of a professional licensee from a third party, the referring third party must complete the following information. This DPHMP Referral Form should be typewritten or clearly printed in blue or black ink, signed and returned to Uprise Health – Monitoring Dept, Attn: Program Manager DPHMP. FAX: 503-961-7142 or mail Uprise Health, PO Box 8668, Portland, Oregon 97207 Attn: Program Manager DPHMP.

DATE: _____

A. LICENSEE INFORMATION:

LAST NAME	FIRST	MIDDLE INITIAL
PROFESSION OF LICENSEE		
PROFESSIONAL LICENSE NO. (IF KNOWN)		
STREET ADDRESS (WORK OR HOME)		
CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	
EMAIL ADDRESS (IF KNOWN)		

CONTINUE TO PAGE 2



**DIVISION OF PROFESSIONAL REGULATION
DELAWARE PROFESSIONALS' HEALTH MONITORING PROGRAM
PAGE 2**

B. DESCRIPTION OF REFERRAL:

Please describe the reason(s) and circumstances which lead to the referral of the licensee for substance use and/or mental health issues. Please include in your referral the dates, times, and locations where you have observed specific use and/or mental health issues exhibited by the licensee.
If you need more space, please use additional sheets of paper.

SIGNATURE OF REFERRING PARTY: _____

RELATIONSHIP TO LICENSEE: _____

CONTACT INFORMATION:

PHONE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

To view the laws, rules and regulations of a specific board or commission, or more information about the Delaware Professionals' Health Monitoring Program, please visit the Division of Professional Regulation's website at dpr.delaware.gov or Uprise Health at delawaremonitoring.com

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

Delaware Professionals' Health Monitoring Program
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monitoring@uprisehealth.com
www.delawaremonitoring.com