



## 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 Reliant Behavioral Health (RBH), 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 Reliant Behavioral Health, Attn: Program Manager DPHMP. FAX: 877-730-5113 or mail Reliant Behavioral Health, 1220 SW Morrison St. ste 600 Portland OR 97205 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**

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.

**RBH Monitoring Programs**  
1220 SW Morrison Street, Suite 600  
Portland, Oregon 97205  
1-855-575-9350  
Fax-877-730-5113

**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.

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**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](http://dpr.delaware.gov) or Reliant Behavioral Health at [delawaremonitoring.com](http://delawaremonitoring.com)**

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