

CONSENT FOR SERVICE

The Maryland Professional Rehabilitation Program (MPRP) provides assistance to physicians and other allied health practitioners licensed by the Maryland Board of Physicians (Board) with problems such as alcohol abuse, chemical dependency or other physical, emotional, or mental health conditions that may affect their ability to satisfy the Maryland Medical Practice Act. The MPRP also assists referents in addressing behavioral or other issues that pertain to professional conduct as a practitioner. The purpose of this referral is to assess for the presence of any conditions or other issues that may impact the ability to practice in a safe and competent manner.

As a referent to MPRP, you have been directed in writing by the Board for assessment to which you have agreed by our clinical staff which included the understanding of your engaging in good faith with any and all elements of the process. In addition to one or more face-to-face meetings with MPRP clinical staff, the assessment process may include obtain releases for relevant individuals or other parties in order to establish the most accurate clinical picture. Furthermore, this process may include referral as directed by the MPRP clinical staff for one or more independent psychiatric, psychological, neuropsychological, medical or other multi-dimensional evaluation(s) as determined necessary and appropriate.

In consenting to service/assessment by MPRP, you are expected to engage in good faith throughout the process and understand our obligation to inform the Board of your status and progress. Furthermore, you acknowledge your understanding and agreement with MPRP in reporting any and all conditions, terms and occurrences that are considered “reportable events” which without exception will be reported to the Board. The Board has sole discretion to declare such events as “non-compliant.” The following are examples of a reportable event:

- a) Failure or refusal to provide any information or sign the appropriate releases for the MPRP to obtain records or information from third parties about the referent’s employment, inpatient or outpatient treatment, or attendance at any scheduled appointment or meeting with a psychiatrist, psychotherapist, or any other health care provider fellowship or other meetings
- b) One failure or refusal to go for recommended evaluation, attend a scheduled meeting with the clinical manager or other staff of the MPRP, keep a scheduled appointment with a psychiatrist, psychotherapist, or other health care provider employer or other required meeting of outside organizations as part of the assessment process regardless of the reason or excuse given by the referent
- c) A report from any hospital, facility, or employer indicating that the participant is a danger to self or others or that action has been taken against the referent’s employment or privileges to practice
- d) The referent’s being the subject of any disciplinary actions or investigations related to chemical dependence, quality of medical care rendered, or ability to practice safely competently by a hospital or health care facility where the referent is employed or has privileges and provides medical care
- e) One missed check-in or appointment for a scheduled chemical screen, regardless of the reason or excuse given
- f) One positive chemical screen and/or failure to submit to a chemical screen when notified
- g) Withdrawal from the assessment process prior to its completion

The Maryland Professional Rehabilitation Program is independent of the Maryland Board of Physicians. The MPRP has been contracted by the Board to provide assessment, consultation

and rehabilitation services to physician and allied health professionals licensed by the Board. Federal Confidentiality Regulations (42 CFR part 2) apply, and Federal and state laws ensure the confidentiality of practitioners referred to the MPRP. Exceptions to confidentiality include evidence of imminent harm to self or others through good-faith assessment by clinical staff, life-threatening medical emergencies, court-ordered disclosures, and the State of Maryland mandated reporting requirements regarding child abuse and neglect.

By signing this Consent For Service/Assessment and the requisite Consent to Disclose Information to the Maryland Board of Physicians, your case file, including any and all drug and alcohol and psychiatric/psychological/medical and any other related records, files, or information regarding your involvement with MPRP or learned through this process will be released to the Maryland Board of Physicians for the purpose of communicating and reporting to the Board written and verbal information about your status, progress and adherence with this assessment Information forwarded to the Board may be used by the Board in making decisions concerning your license.

Signature of Participant

Date

Signature of Case Manager

Date

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