



UPHP

Therapist Acknowledgment of Participation

PARTICIPANT SECTION

I, (print name) _____ have informed the provider below that I am a participant of the Utah Professionals Health Program (UPHP). UPHP is a confidential, alternative to disciplinary, health program.

INFORMATION

UPHP does not make treatment recommendations. We rely on treatment providers to determine treatment frequency and to also consider potential risk to public safety when responding to participants who return to use .

UPHP is an abstinence based program.

UPHP participants are safety sensitive workers and consistent with ASAM guidelines for safety sensitive populations, UPHP does not support a “fail first” model. Further, while we recognize that SUD is a chronic relapsing disease, return to use by our participants could result in being asked to withdraw from practice due to the potential risk to public safety. Additionally, practicing while impaired could result in removal of a participant from UPHP and discipline action against the license.

THERAPIST SECTION

I, (print name) _____ acknowledge that _____ is a participant in the UPHP and that they have informed me that they have a Substance Use Disorder. The participant and I have discussed all topics above.

SIGNATURE

Therapist Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Please email to UPHP@Utah.gov. If you have questions or concerns, please contact UPHP at 801-530-6428.