



Utah Professionals Health Program

Confidentiality Agreement for Eligibility Determination in the Utah Professionals Health Program

Introduction:

Thank you for expressing your interest in the Utah Professionals Health Program (UPHP). Before you decide to participate, it is essential that you fully understand the program's purpose, services, and the expectations placed upon you as an applicant and participant. Further, this document is designed to ensure that you have an understanding of the confidentiality practices and limitations associated with the eligibility determination process for UPHP. Please carefully review this consent form, and do not hesitate to seek clarification on any points before proceeding.

Purpose of UPHP:

UPHP is a confidential alternative to public discipline, established by the Utah Department of Commerce, Division of Professional Licensing (DOPL), aimed at providing assistance to licensed healthcare professionals who may be facing challenges due to substance use disorders. Our program is committed to ensuring the well-being of both professionals and the public.

Scope of Services:

UPHP does not provide treatment itself. Instead, we offer resources, referrals for clinical evaluations and treatment, and continuous monitoring of your recovery progress. The goal of UPHP is to support your well-being and ensure your capability to practice safely and effectively.

Participation Requirements:

If you are eligible and choose to participate in UPHP, you will be required to fulfill a range of responsibilities and requirements, including comprehensive clinical evaluations, treatment recommendations, abstinence, random toxicology testing, monitoring for a minimum of five years, scheduled contact with UPHP staff, attendance at support group meetings, work-site monitoring, and more.

Voluntary Participation:

Participation in UPHP is voluntary. If you choose to engage with UPHP, you will need to adhere to the program's requirements and guidelines. While participation is optional, it's important to recognize that UPHP can offer you an opportunity to seek assistance for substance use disorders while protecting your records from both licensing board and public disclosure.

Utah Professionals Health Program

You are not alone.

telephone (801) 530-6428 • email: UPHP@utah.gov • website: uphp.utah.gov

Rights and Responsibilities:

- The right to participate in the application process voluntarily and to withdraw your application at any time.
- The responsibility to:
 - Promptly notify UPHP if you become a subject of an investigation conducted by the Division. Moreover, you will inform the Investigator about your engagement with UPHP.
 - Promptly notify UPHP if you become a subject of any other investigation, whether initiated by employers, other licensing or regulatory bodies, or law enforcement agencies.

Confidentiality and Limited Disclosure during UPHP Eligibility Determination:

During the process of determining your eligibility for participation in (UPHP), it is important to emphasize that your interactions with UPHP are confidential. This confidentiality extends to the information you share with us as part of the eligibility assessment. However, it is important to be aware that there are specific circumstances under which UPHP may have a duty to report certain information to the Bureau of Investigations or other authorities if:

- UPHP clinical staff determine that you may pose a danger to yourself or others.
- You report knowledge of a child, elderly person or vulnerable adult being abused or neglected.
- UPHP staff determine that you have rejected treatment recommendations and an acceptable alternative has not been agreed upon.
- UPHP clinical staff determine that you are unsafe to practice and refuse to cease practice as requested by UPHP.
- UPHP staff determine that you may have violated your profession's statutes or rules under circumstances where harm to a patient or other person may have occurred.
- You have either been referred or have self-reported to UPHP due to professional misconduct and choose not to participate or are deemed ineligible.

Reports from UPHP to DOPL Bureau of Investigation:

Except as otherwise provided by law, UPHP staff may share with Bureau of Investigation staff only the following limited information regarding a UPHP applicant should you as the applicant become the subject of an investigation or UPHP has determined there is a duty to report:

- Applicant's name, profession, and license number;
- A brief summary of the circumstances; and



- *For a Scope Meeting, information about an applicant sufficient to determine who should participate in the meeting, and to help the persons in the meeting determine the scope and next steps for the investigation; and
- Information in accordance with any release of information (ROI) signed by a UPHP applicant.
- If it is deemed necessary to protect public safety, information about your substance use disorder, limited to your diagnosis, last known use, recommended level of care and ability to practice your profession safely.

Consent to Limited Disclosure:

By signing below, you acknowledge that you have read and understood the information provided in this document. You also understand that while UPHP maintains confidentiality, certain situations outlined above may necessitate the disclosure of information to relevant authorities for public safety and legal compliance. You have had the opportunity to ask questions and seek clarification about UPHP. Your participation in UPHP is voluntary. You are providing consent to an exchange of limited information between DOPL Bureau of Investigations and UPHP, should you now be or become the subject of an investigation.

You may revoke your consent by submitting your request in writing:

Our first priority is protection of public safety; therefore, UPHP will have an obligation to disclose information as outlined in this document. Additionally, revoking consent may affect your eligibility for the program.

Continued Consent:

Upon acceptance into UPHP, we will provide you with an informed release, acknowledging your understanding of UPHP's confidentiality boundaries and the limited circumstances under which disclosure may occur.

Expiration:

Your consent will expire upon successful completion of UPHP or removal from the UPHP.

Licensee Signature: _____ Date: _____

Name (Printed): _____

UPHP Staff Signature _____ Date: _____

**Scope Meeting: A Scope Meeting is a private discussion between UPHP and an Investigator to jointly determine next steps, which may include referral to UPHP, continuing the investigation, referral to other authorities, reporting to the Bureau of Investigation, or other necessary actions, conducted when there is an open investigation and a UPHP applicant is actively working with UPHP or when UPHP is required to report to Investigations.*