

Date

Dear [Referred Individual's NAME],

You have been referred to the Utah Professional Health Program (UPHP) on [DATE] for [ISSUE].

We will expect you to sign a release of information (ROI) at UPHP so that UPHP can obtain information from and provide information to the following individuals.

*Note to Referral Party: List any individuals [by name and title] you would like for UPHP to speak with concerning this employee.

Suggestions to list: EAP, Human Resources, credentialing, Medical Executive Committee, Chief of staff, Supervisor, other Names.

Please contact UPHP no later than [DATE] to make an appointment. Once you make an appointment at UPHP, please immediately notify your supervisor, [SUPERVISOR'S NAME] of the date of your appointment. You will receive an appointment letter from UPHP that will document when your appointment has been scheduled; this can be used as appointment confirmation. UPHP will not be able to confirm your appointment with your referring party until a Release of Information is signed on the date of your appointment.

UPHP will communicate with [REFERRING PARTY] once the evaluation has begun and may request or provide other information regarding your status, the assessment, and recommendations

You can make an appointment by contacting Kelli Jacobsen, LCSW at 801 530-6291.

If you would like more information regarding UPHP see their web site at <https://uphp.utah.gov/>.

Sincerely, REFERRING PARTY cc: UPHP