



STATEMENT OF INTENT TO PARTICIPATE

I, _____, am a licensee or I am applying for licensure with the North Dakota Board of Medicine (“Board”). I acknowledge that I have been referred/self-referred to the North Dakota Professional Health Program (“Program”) for the following reason:

[initial appropriate line]

- _____ substance use disorder
- _____ mental health disorder
- _____ substance use and mental health disorders
- _____ other _____

I understand that the Program is not permitted to diagnose or treat a licensee. The Program separate from the ND Board of Medicine is a non-treatment monitoring program that tracks a licensee’s compliance for health professionals as set forth in Chapter 43-17.3 N.D.C.C. (Physician Health Program). All diagnosis and treatment of licensees shall be done by or through Program approved third parties. I consent to the services of the Program and understand the following terms and conditions apply throughout the term of my participating in the Program:

1. I agree to:

- a. Sign all written authorizations/consents necessary to allow the Program to disclose and exchange information regarding my diagnosis, physical or mental health, use of mind-altering or intoxication substances or potentially addictive drugs, unless the Program as previously approved use of a particular drug prescribed for me by a person authorized by law to prescribe the drug for a documented medical condition.
- b. report to the Program:
 - i. my use of any mind altering or intoxicating substances potentially addictive drugs within twenty-four hours of use; or
 - ii. any professional practice on my part that does not comply with limits set by the Board or the Program.
- c. participate in my treatment plan as outlined by a Program-approved third party

evaluator. I understand that the treatment plan may include treatment for any disorder that I may have.

- d. the Program shall report noncompliance activities to the Board in a timely fashion as required through Chapter 43-17.3-03 N.D.C.C.
2. I understand and agree that any of the following acts on my part must be reported to my licensing Board by the Program within a timely fashion of the Program being made aware of such noncompliance:
 - a. Immediate reporting to the Board the identity and results of any contact or investigation concerning an impaired licensee who is believed to constitute an imminent danger to the public or the licensee.
 - b. Reporting to the Board, in a timely fashion, the identity and results of any contact or investigation concerning a potentially impaired licensee:
 - i. who refuses to cooperate with the program;
 - ii. who refuses to submit to evaluation or treatment;
 - iii. who is not in compliance with a contractual treatment plan; or
 - iv. whose possible impairment is not substantially alleviated through treatment and:
 - (1) who the program determines is unable to practice professionally with reasonable skill and safety by reason of illness related to the abuse of alcohol or other substances or as a result of any physical or mental condition; or
 - (2) who may pose a threat to the health or safety of any individual.
 - v. reporting to the Board, in a timely fashion, the identity of any licensee participant regarding whom the Program learns of the filing of any disciplinary charges or actions or violations of chapter 43-17.
 3. I understand and agree that based on the report by the Program, my Board may take action to suspend, restrict, modify, or revoke my license.
 4. I agree to enter into a Monitoring Agreement and any addenda thereto with the Program as a condition of my participation.
 5. I agree to sign a Consent and Authorization to Release Information form allowing the Program to obtain and exchange information as outlined in such forms, including my alcohol, drug, and mental health treatment records. I understand that alcohol, drug and mental health treatment records are protected under federal laws (42 CFR, Part 2) governing confidentiality of medical records including records related to alcohol and drug abuse, which regulations and statutes provide that such records cannot be released without my written consent unless otherwise permitted in the regulation/statutes. I understand I may revoke my consent to exchange and disclose my alcohol, drug, or mental health

treatment records at any time. This revocation must be in writing. I further understand and agree that any use or release of my alcohol, drug, or mental health treatment records by the Program prior to my revocation of my Consent is and shall not be affected by my revocation.

6. I understand that my enrollment in the Program likely will span a considerable period of time and during my enrollment, if the Program deems it necessary, I agree to execute any additional releases for confidential medical records and/or alcohol and drug treatment records which are presented to me by the Program for my signature. I further agree that if I should fail or refuse to sign any such additional releases, my refusal will be considered non-compliant which will be reported to my licensing Board by the Program.
7. I agree that if I revoke my Consent and Authorization to Release Information, such act(s) will constitute my voluntary disenrollment from the Program. I understand that under such circumstances, the Program is compelled by Chapter 43-17.3-03 N.D.C.C. to report my non-compliance to my licensing Board.
8. I will be enrolled in the Program once I have signed this Statement of Intent to Participate, Consent and Authorization to Release Information and your Monitoring Agreement and any addenda thereto and have paid your deposit. I understand and agree that if I sign this Statement of Intent to Participate and thereafter, for any reason, fail or refuse to participate in the Program including, but not limited to, my failure to sign a Monitoring Agreement or any addenda thereto or my failure to sign the Consent and Authorization to Release Information the Program shall immediately report such failure to my licensing Board.
9. This Statement of Intent to Participate shall remain in effect throughout the term of my participation in the Program and end on either the date I am terminated from the Program or the date I successfully complete the Program.

DATED this _____ day of _____, 20_____.

[Signature]

[Printed name]

[Date of Birth]