

HEALTH STATUS FORM

I, \_\_\_\_\_, the undersigned, do hereby attest that I have been clean and sober since \_\_\_\_\_.

I attest I am currently in compliance with all requirements pertaining to any sanctions, monitoring, continuing education, fines or other stipulations placed upon my professional license as a result of my actions/addictions.

I attest I have completed all requirements pertaining to any sanctions, monitoring, continuing education, fines or other stipulations placed upon my professional license as a result of my actions/addictions.

I understand a requirement of my initial/continued participation with the OneHealth preferred provider network is for me to remain in affiliation with an individual/organization (counselor/diversion program/treating provider), for a period of at least 5 years (beginning at the start of my initial evaluation, program entry, seek of treatment) who can advocate on my behalf regarding my sobriety.\*

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(A current "Release of Information Form" is required from the provider allowing OneHealth to contact the organization listed above.)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\* If the individual/organization you sought treatment from has deemed you to not have a substance abuse problem, please provide OneHealth with documentation from the individual/organization supporting that findings.