Washington Health Professional Services
Prescription Information Letter

Dear Medical Provider:

The patient providing this letter is a participant in the Washington Health Professional Services (WHPS) program and medications they are currently taking must be monitored to ensure healthy recovery and ability to practice safely.

Participants in the WHPS program who take prescribed medication(s) or are using over the counter (OTC) medications must do the following:

- Sign a Release of Information (ROI) form with each provider that allows WHPS staff and the WHPS Medical Director to discuss the participant's medication(s) and/or current or future treatment while in the program. The ROI gives the WHPS Medical Director access to the medical records to determine necessity and appropriateness, and to discuss the participant's use of medication and treatment plans with the provider.
- Ensure each provider submits a completed WHPS Prescription Information Form every 90 days for **all medications (prescription and OTC) listed below.**

WHPS requests the provider:

- Review the participant's Prescription Monitoring Program (PMP) report before refilling or prescribing new medications. Directions for accessing the PMP database are located at: www.doh.wa.gov/hsqa/PMP.
- Be familiar with opioid prescribing practice requirements and the laws and regulations of the prescriber's authority.
- Only substitute a medical record list of medications for the medication list in the Prescription Information Form if it contains the same information, including date prescribed, dosage, frequency, quantity, expiration date, and diagnosis/reason for medication.
- Refer to this list for all reportable medications and products:
    - Used for treatment of substance use disorders and related conditions.
    - Recommended for pain, including non-prescription substances such as cannabinoid or OTC products.
    - Prescribed for psychiatric or mental health conditions.
    - Prescribed for central nervous system conditions such as seizure disorders, movement disorders, etc.
    - Prescribed for treatment of eating disorders.
    - Prescribed or recommended for sleep.
    - That have sedation or stimulation as significant potential side effects.
    - For additional information, consult the Talbott Medication Guide: http://www.talbottcampus.com/index.php/medication-guide/.

Please contact WHPS at 360-236-2880, option 1, to discuss program requirements, if you have questions, or require assistance completing the Prescription Information Form or Healthcare Provider Report.

PRESCRIPTION INFORMATION FORM

The prescribing healthcare provider must complete the entire form including dosage, frequency, quantity, refills, and the Healthcare Provider Report. The provider's office must send the completed and signed forms to WHPS. WHPS will not accept incomplete or unsigned forms.
Please submit this completed form via fax to 360-359-7956 or email to whps@doh.wa.gov.

Patient Name (print name): _____

Washington Health Professional Services: Prescription Information Form						
Date Prescribed	**Name of Medication**	**Dosage**	**Expiration Date**	**Frequency**	**Quantity**	**Diagnosis or Reason for use of Medication**

Healthcare Provider Report

Y N I have been informed that this patient is a participant in the WHPS program.
Y N The participant is compliant with keeping appointments.
Y N I am aware that this patient is in recovery from a substance use disorder.
Y N Participant is compliant with taking medications as prescribed.
Y N Participant demonstrates insight and judgment necessary to manage medication(s).
Y N I have reviewed the participant's Prescription Monitoring Program report.
Y N Based on the information, this provider believes the participant is safe to practice.

(If you answered "no" to any of the questions above, please explain below.)

Additional Comments:

_____

_____

_____

Healthcare Provider Information (please print)

Healthcare Provider Name: Credentials:

Facility/Practice Name:

Address: City: State: Zip:

Phone: Fax:

Healthcare Provider Signature: Date:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov