



ALABAMA PROFESSIONALS HEALTH PROGRAM

Provided by the Medical Association of the State of Alabama

APHP Treatment Options Statement

1. I, _____, understand that I have been referred for an intensive evaluation of my potential problems. _____ (initial)
2. I understand that at the conclusion of the evaluation there will be diagnoses and treatment recommendations made. _____ (initial)
3. I understand that I may choose to receive the recommended treatment at the location of the evaluation, but I am not under any obligation to stay for treatment at the evaluation site. I may instead choose to seek treatment at a different treatment location approved by the Alabama Physician Health Program. _____ (initial)

Signature

Date