

## NOTICE FOR EXPEDITED REVISIONS TO AGENCY FORMS

Proposed Expedited Revision Number 2022-6 Form Number (Not applicable)

1. Agency Name & Address:  
**Dept. of Health & Human Services  
Division of Public Health Services  
Rural Health and Primary Care  
29 Hazen Drive  
Concord, NH 03301**

2. RSA Authority: RSA 126-A:5, XVIII-a(f)  
3. Federal Authority: \_\_\_\_\_

4. Short Title: **Expedited Revisions to the New Hampshire Health Professions Survey Opt-Out Form**

5. Explanation of the reason for the proposed readoption with amendment of the form:

**The Department of Health and Human Services (Department) proposes to readopt with amendment through the expedited revisions to forms process pursuant to RSA 541-A:19-c the following form:**

**“New Hampshire Health Professions Survey Opt-Out Form”, May 2022 edition, incorporated by reference in He-C 801.04(b).**

**The “New Hampshire Health Professions Survey Opt-Out Form” is being updated to include clinical hours respective to the providers’ listed practice towns in New Hampshire. This field is needed for shortage designation identification and as part of the provider verification process review. Currently, the office collects this information by contacting practice sites.**

6. Contact person for copies and questions about the proposed form:

Name:	<b>Nicole Burke</b>	Title:	<b>Rules Coordinator-Administrative Rules Unit</b>
Address:	<b>Dept. of Health &amp; Human Services Administrative Rules Unit 129 Pleasant Street, Brown Bldg. Concord, NH 03301</b>	Phone #:	<b>(603) 271-9640</b>
		Fax#:	<b>(603) 271-5590</b>
		E-mail:	<b>nicole.v.burke@dhhs.nh.gov</b>

TTY/TDD Access: Relay NH 1-800-735-2964 or  
dial 711 (in NH)

7. Deadline for submission of materials in writing or in the electronic format specified:

**Thursday April 28, 2022**

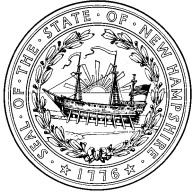
☒ Fax

☒ E-mail

☐ Other format (specify):

**Readopt with amendment “New Hampshire Health Professions Survey Opt-Out Form” (March 2022), effective 3-19-22 (Document# 13352, Expedited), and incorporated by reference in He-C 801.04(b), effective 12-21-19 (Document #12950), to read as follows:**

<b>CONSENT</b>
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Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4110 1-800-852-3345 Ext. 4988  
Fax: 603-271-8705 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

## New Hampshire Health Professions Survey Opt-Out Form

Pursuant to He-C 801, licensees who do not wish to complete the Health Professions Survey have the opportunity to opt-out from participation during the license renewal cycle, for that given year, in order to fulfill the survey requirement for license renewal.

Licensees choosing to opt-out of the survey shall complete, sign and return the opt out form to the State Office of Rural Health and Primary Care, Department of Health and Human Services, via one of the following:

- Email** – The relevant provider mailbox: [NHPhysicianSurvey@dhhs.nh.gov](mailto:NHPhysicianSurvey@dhhs.nh.gov); [NHPASurvey@dhhs.nh.gov](mailto:NHPASurvey@dhhs.nh.gov); [NHLADCSurvey@dhhs.nh.gov](mailto:NHLADCSurvey@dhhs.nh.gov); [NHPsychologistSurvey@dhhs.nh.gov](mailto:NHPsychologistSurvey@dhhs.nh.gov); [NHAPRNSurvey@dhhs.nh.gov](mailto:NHAPRNSurvey@dhhs.nh.gov); [NHMHPractitionerSurvey@dhhs.nh.gov](mailto:NHMHPractitionerSurvey@dhhs.nh.gov); [NHRDHSurvey@dhhs.nh.gov](mailto:NHRDHSurvey@dhhs.nh.gov); [NHDentistSurvey@dhhs.nh.gov](mailto:NHDentistSurvey@dhhs.nh.gov)
- Mail** – Rural Health & Primary Care, Division of Public Health Services, 29 Hazen Dr. Concord, NH 03301
- Fax** – 603-271-4506

Please complete all fields below in order to fulfil the requirement.

~~Please provide the following information:~~

First Name:

Last Name:

Date of Birth (mm/dd/yyyy):

Email:

License Number:

Licensing Board:

Provider Type:

NPI Number:

Specialty:

~~Please answer as you would have responded before any COVID-19 related changes to your work occurred~~

Are you actively practicing in NH?

- ☐ Yes: in-person, clinical services;  
☐ Yes: telemedicine/telehealth only;  
☐ Stationed in NH ☐ Stationed outside of NH  
☐ Yes: non-fixed setting only; or  
☐ No

If providing in-person, clinical services, please list the town(s) in which you practice.

Note: list all physical practice site locations at which you regularly practice 2+ in-person hours/week.

NH Town Clinical Hours, on Average, per Week

Please explain why you wish to opt-out from the Health Professions Survey:

Date: \_\_\_\_\_

Please contact the Health Professions Data Center using one of the emails listed above with questions or concerns.