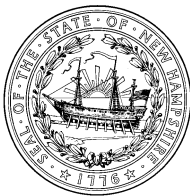


Readopt with amendment “New Hampshire Health Professions Survey Opt-Out Form” (March 2022), effective 3-19-22 (Document# 13352, Expedited), and incorporated by reference in He-C 801.04(b), effective 12-21-19 (Document #12950), to read as follows:



**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

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

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:

- a. **Email** – The relevant provider mailbox: NHPhysicianSurvey@dhhs.nh.gov; NHPASurvey@dhhs.nh.gov; NHLADCSurvey@dhhs.nh.gov; NHPsychologistSurvey@dhhs.nh.gov; NHAPRNSurvey@dhhs.nh.gov; NHMHPractionerSurvey@dhhs.nh.gov; NHRDHSurvey@dhhs.nh.gov; NHDentistSurvey@dhhs.nh.gov
- b. **Mail** – Rural Health & Primary Care, Division of Public Health Services, 29 Hazen Dr. Concord, NH 03301
- c. **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.

