

HAPN

Heart of America Professional Network

6405 Metcalf, Suite 502 ♥ Cloverleaf Bldg #3 ♥ Overland Park, Kansas 66202
voice (913) 236-7575 ♥ fax (913) 236-7779

March 6, 2018

Employer Name
Employer Address
City, ST Zip

Dear _____:

We are currently monitoring _____, who entered our program on _____, with an estimated completion date of _____, if in compliance with the requirements of our program which include:

- **Informing ALL employers of participation in HAPN upon employment;**
Employer must submit quarterly progress reports on participant to HAPN (see attached)
Submitting random urine drug screens (UDS), a minimum of 1 per month;
- Keeping the HAPN office informed of any change in name, address, or phone number promptly;
- Informing any physician, under whose care they are placed, of their participation in HAPN;
- Supplying HAPN with copies of all prescription medications;
- Complying with all requirements for successful discharge, made by the initial evaluator.
- Complying with any additional recommendations that may be made by HAPN during the monitoring period.

Should you ever have any concerns about _____, I urge you to contact our office immediately and discuss them with us. We are here to consult with you about the participant whenever the need arises. If your Human Resources Department needs to be aware of this, please forward a copy of this letter to them.

Sincerely,

Alan Murray, LSCSW, LCSW
HAPN Executive Director

cc: file

Enclosures

Heart of America Professionals Network