Exception Request Form

Provider Organization:	Client Name:
Client Identification Number:	Staff Submitting Form:

		Describe the exception request and how it supports the client's ***recovery***:	
Baseline	☐ PHI ☐ Lab ☐ Interview		Date: _____ ◯ Approved ◯ Denied
3-Month Reassessment	☐ PHI ☐ Lab ☐ Interview		Date: _____ ◯ Approved ◯ Denied
6-Month Reassessment	☐ PHI ☐ Labs ☐ Interview		Date: _____ ◯ Approved ◯ Denied
9-Month Reassessment	☐ PHI ☐ Lab ☐ Interview		Date: _____ ◯ Approved ◯ Denied
12-Month Reassessment	☐ PHI ☐ Labs ☐ Interview		Date: _____ ◯ Approved ◯ Denied
Discharge	☐ PHI ☐ Labs ☐ Interview		Date: _____ ◯ Approved ◯ Denied
Other:	☐ PHI ☐ Labs ☐ Interview		Date: _____ ◯ Approved ◯ Denied
Other:	☐ PHI ☐ Labs ☐ Interview		Date: _____ ◯ Approved ◯ Denied

IDPH Signature:_____ Date: _____