



## Health Professionals' Services Program (HPSP)

### Feedback Form

The Board values your opinion. Your feedback may be used in Program evaluations as well as Uprise Health performance reviews. If you have a complaint, concern, or any other feedback about the HPSP or vendor Uprise Health, please complete the form below.

Feedback is collected from active participants only; however, the Board will keep your identity confidential and will not share your Participant # with Uprise Health.

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**HPSP Participant #** \_\_\_\_\_  
**(Required)**

**Feedback** – *please include dates, names, and locations if applicable:*

**OPTIONAL:** If you would like to be speak to a Board Representative, please provide your contact information:

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**or E-mail:** \_\_\_\_\_

*Submit to the Board by mail or fax only.  
E-mail is not a secure means of communication.*