

Monitoring Agreement Addendum

Effective Date: _____

Return to DHPMP by: _____

DHPMP Acct#: _____

The Licensee, in order to remain in compliance with the Delaware Professionals' Health Monitoring Program, herein "Program," agrees to the following conditions of this addendum to the licensee's Monitoring Agreement signed on _____:

- 1) I understand that I must comply continuously with the Monitoring Agreement and addenda until my estimated discharge date of _____.
- 2) I agree to practice/provide professional services within the limitations and/or restrictions as stated below:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 3) I am aware that I may, at the Program's discretion, be required to obtain an evaluation of my fitness to practice before the Program removes the limitations on my professional practice/work.
- 4) I will participate in the treatment/continuing care plan as outlined by the independent third-party evaluator and approved by the Program. I agree to complete the continuing care plan as described by my specific Program approved caregivers and approved by the Program. I will provide the requested documentation from my caregivers to the Program regarding attendance and progress reports as required. I understand that a week is from Monday-Sunday and weekly documentation must be received by the Program no later than the close of business on Wednesday of the following week. I will participate in the following requirements:
 - a. I agree to contact the Program twice a month;
 - b. I agree that initially both contacts must be telephonic until my agreement monitor agrees to one telephonic and one contact by email;
 - c. I agree to obtain any medical or psychological testing that may be requested by my caregivers;
 - d. _____;
 - e. _____.
- 5) **This section is not applicable for licensees with current unemployed status.**

I will meet with my workplace monitor or supervisor, _____, on a regular basis as determined by my supervisor and Agreement Monitor, to document my progress complying with my Monitoring Agreement and any addenda. I am aware and agree that my workplace monitor will

complete a monitoring compliance form on a monthly basis and submit the same to the Program. In addition, I am aware and agree that my workplace monitor will be periodically contacted by the Program and will be asked to provide additional information on his/her assessment of my current ability to comply with the Monitoring Agreement Addendum. Additionally, my workplace monitor is required to contact the Program in the event my behavior indicates concern. In the event my workplace monitor is no longer able to provide this function for any reason, I will notify the Program within 24 hours of acquiring this knowledge.

- 6) I understand that if I participate in or should participate in the toxicology testing program, I must share, prior to entering the toxicology testing program, any medical problem that may prevent me from giving a specimen sample. Otherwise, I understand that a failure to produce the required 45mL of specimen will be reported as a failure to test which is substantial non-compliance and the Program will report this as non-compliance. A pattern of missed tests will be reported to the Division of Professional Regulation (DPR) as substantial non-compliance.
- 7) I understand that if I participate in or should participate in the toxicology testing program, any evidence of a mood altering drug or alcohol in the specimen sample can result in a change in my Monitoring Agreement and/or a report of non-compliance. A pattern of positive tests will be reported to DPR as substantial non-compliance. I understand that it is my responsibility to avoid substances that could result in a non-negative toxicology report, e.g., poppy seed bagels, use of alcohol based hand sanitizers.

I am aware that DPR and my licensing board may not discipline me solely because I self-referred to or participate in the Program; have been diagnosed with a substance use disorder, mental health disorder or both types of diagnoses; or used controlled substances before entry into the Program, if I did not practice while impaired.

I understand that failure on my part to complete the Program or to follow the requirements of the Monitoring Agreement will be reported as non-compliance. I understand that a pattern of non-compliance events or a substantial non-compliance event will be reported to DPR who will report to my licensing Board.

I understand that my mental health records and Protected Health Information are protected under the Health Insurance Portability and Accountability Act of 1996.

I understand that my alcohol and/or drug treatment and mental health records are protected under federal and state laws and regulations (42 CFR Part 2) governing confidentiality of alcohol and drug abuse patient records and protect health information records generally, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke my consent to release such records at any time except to the extent that prior action has been taken in reliance upon it. I understand that for my revocation of consent to be effective, it must be in writing. I understand that the DPR receives a regular report listing all active licensees in the Program. I understand that if I revoke my consents that my name will no longer be on the active list and the DPR will know that I have revoked consent because they will not receive any notification of my completion of or termination from the Program.

Signature Licensee _____ Date _____

Signature of Agreement Monitor _____ Date _____