



CALIFORNIA PHYSICIANS HEALTH PROGRAM

RECOVERY MONITORING AGREEMENT

This is an agreement between the California Physicians Health Program and _____.
The purpose of this agreement is to monitor and support the chemical dependency recovery of the participant.
The participant agrees to abide by all terms of this agreement unless mutually agreed and reduced to writing.

TERM

The term of this agreement is for a minimum period of five years or unless otherwise modified by the CAPHP.
Termination or extension of the agreement will be based on the recommendations of the CAPHP based on the participant's compliance with the agreement and progress in recovery.

12 STEP OR SELF HELP GROUP MEETINGS

- A. The participant shall attend 90 meetings in 90 days beginning with either the day following discharge from an approved treatment center or the effective date of this agreement.
- B. After completion of the 90 meetings in 90 days, the participant shall attend a minimum of three meetings per week during the term of this agreement.
- C. A meeting log will be required by the CAPHP.
- D. Approved 12 step meetings include Alcoholics Anonymous ((AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), and Pills Anonymous (PA). Other self help meetings must be pre-approved on an individual basis.

PRIMARY CARE PHYSICIAN (PCP)

- A. Each participant shall have an approved primary care physician.
- B. The PCP shall be responsible for coordinating and managing all medical care, treatment, referrals and medications for the participant.
- C. Participant shall provide a copy of this agreement to the PCP.
- D. Participant shall have a history and physical examination every two years with results of examination provided to CAPHP.

MEDICATIONS

- A. All medications except plain aspirin, acetaminophen or ibuprofen must be prescribed by the PCP or a PCP designated referral provider. All medications must be documented in the participants' medical record.



CALIFORNIA PHYSICIANS HEALTH PROGRAM

Page-2 RECOVERY MONITORING AGREEMENT

MEDICATIONS CONTINUED

- B. If a controlled substance is prescribed, dispensed or administered to the participant, CAPHP must be notified in advance and in the case of an emergency within 48 hours of such medication use.
- C. Participant shall maintain a medication log of all medications taken and shall make the log available to CAPHP upon request. The log, at a minimum, shall contain the name and dosage of medication used, date taken or administered, name of prescribing or administering physician and the reason the medication was given.

PROHIBITED SUBSTANCES

- A. Abstinence from alcohol and all mood altering drugs unless prescribed for a proper therapeutic purpose
- B. No use of alcohol or foodstuffs or beverages or toiletries containing alcohol.
- C. No use of foodstuffs containing poppy seeds.
- D. No use of foodstuffs containing hemp products.
- E. No herbal or health preparations containing derivatives of controlled substances.
- F. The participant is fully responsible for any and all ingested materials and their contents.

BIOLOGICAL FLUID TESTING

- A. Participant agrees to participate in the random biological fluid testing program.
- B. Participant will be required to contact an automated telephone system and provide his/her social security number each day. The automated system will notify you if you must provide a specimen that day. All specimens must be submitted by 1PM on that date at an approved collection site within the State of California. A collection site list and the telephone number will be provided to you with the execution of this agreement.
- C. Additional biological fluid specimens (including hair testing) may be requested by CAPHP at any time. Participant must provide a telephone or pager number where he/she can be reached at any time.
- D. Participant shall cooperate with collection personnel at all times and shall behave in a courteous and professional manner.



CALIFORNIA PHYSICIANS HEALTH PROGRAM

Page 3-RECOVERY MONITORING AGREEMENT

PAYMENT FOR SERVICES

A. Participant shall pay all costs for participation in the RECOVERY MONITORING PROGRAM within 30 days of invoice. A fee schedule shall be provided to the participant at the time of execution of this agreement. Fees may be reasonably raised with 30 days advance notice.

MONITORING INTERVIEWS

Participant agrees to meet with a designated representative of the CAPHP at regular intervals as determined by CAPHP. Additionally, the CAPHP may require additional meetings from time to time.

OUT OF TOWN AND OUT OF STATE TRAVEL

A. Participant agrees to provide three days advance notice of all out of town or out of state travel. Travel receipts, including airline tickets, hotel bills or other verification may be requested by CAPHP. Notification of travel must be made by email at: jessica@caphp.net

B. Participants must still call the biological fluid collection number if they are anywhere within the state of California.

RELAPSE PREVENTION GROUP THERAPY

A. Relapse Prevention Group Therapy is currently a part of the recovery monitoring program.

B. Group Therapy occurs on an every week basis. Participation is mandatory in the relapse prevention group therapy component of the recovery monitoring program. The group therapist will provide quarterly progress reports on the participant's group therapy participation and activity. Fees for group therapy will be assessed on a monthly basis in advance. Unexcused absences are not allowed. Excused absences for vacation, illness, and continuing education are allowed with advanced notice up to nine times per year.



CALIFORNIA PHYSICIANS HEALTH PROGRAM

Page 4-RECOVERY MONITORING AGREEMENT

RELAPSE AND NON COMPLIANCE

A. In the event of a chemical dependency relapse as determined by positive biological fluid testing or documented relapse behavior, participant agrees to immediately meet with the CAPHP to discuss the relapse and reach a plan for additional treatment or monitoring. Participant agrees to comply with any and all recommended actions by the CAPHP to effectively treat the relapse or relapse behavior. Recommendations may include, but are not limited to the following:

- 1) Additional inpatient treatment,
- 2) Inpatient evaluations,
- 3) Cessation of professional practice,
- 4) Reporting relapse to the appropriate regulatory agency (if applicable).

B. In the event of other noncompliance with any term of this agreement, participant agrees to meet with CAPHP and resolve any issues of noncompliance. Definitions of noncompliance shall be provided as an addendum to this agreement.

PSYCHIATRIC MONITORING

A. If applicable, participant agrees to obtain an approved psychiatrist who will treat and monitor psychiatric condition and any required medications.

B. Psychiatrist agrees to provide CAPHP with quarterly progress reports regarding treatment and compliance with treatment of participant.

RELEASES

A. Participant authorizes CAPHP to discuss his/her chemical dependency recovery monitoring with the participants PCP, any referral physician or healthcare provider or psychiatrist (if applicable).

B. In the event of chemical dependency relapse, significant non-compliance and/or lack of safety to practice in the sole opinion of CAPHP, participant authorizes the CAPHP to contact the appropriate contractor or employer and inform them of the relapse for appropriate action.



CALIFORNIA PHYSICIANS HEALTH PROGRAM

Page 5-RECOVERY MONITORING AGREEMENT

MOVE OUT OF STATE

- A. If participant moves out of the state of California, he/she shall provide 30 days advance notice of plans to move.
- B. The CAPHP, at the request of the participant shall provide copies of any and all records to a similar program in the new state of residence.

REPORTS

The CAPHP agrees to provide progress reports to any healthcare institution, provider group, employer, payor, liability insurer, disability or life insurer or any other party at the request of the participant.

ADDITIONAL TERMS

This constitutes the entire agreement between the parties. Any changes, modifications or additions/deletions shall be reduced to writing and signed by both parties.

ACCEPTED

Participant Name

Michel A. Sucher, MD
President, California Physicians Health Program

DATE _____

DATE _____