

**LETTER OF AGREEMENT
FOR
PRIVATE MONITORING**

This Letter of Agreement is intended to provide you with a full explanation of the role of the Professional Assistance Program of New Jersey in assisting you in your recovery. Additionally, it will specify your obligations to the Program and our obligations to your State License Board regarding your case.

The Professional Assistance Program is a therapeutic program offered to all licensed healthcare professionals who have problems with the abuse of alcohol, other drugs, mental illness and physical disabilities which impact on their personal health and their ability to practice with skill and safety. The Professional Assistance Program also provides assessments and monitoring for individuals who have had allegations or concerns expressed regarding their ability to safely practice.

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In the year 2000 we began to accept other health professionals into our program on a fee-for-service basis, with the understanding that they are under a signed agreement with our program. We now offer the same services to these other healthcare professionals which are offered to New Jersey physicians.

Each healthcare provider who enters the Professional Assistance Program will be provided with an initial assessment and an individual plan for recovery. The parameters of this plan will be determined by:

1. The diagnosis
2. The severity of the illness
3. Treatment availability
4. Payor options

By signing this agreement you are agreeing to be assessed, referred to formal treatment (if deemed appropriate), and monitored for a minimum of five years for ongoing recovery. Extended monitoring will be initiated because of one of the following:

1. A relapse or lack of progress in recovery; or
2. Special requirement by the licensing board or by an employer as a condition of employment.

You will also sign a release of information to clinicians who may have treated you in the past as well as those to whom we might refer you.

Cases coming into the Professional Assistance Program as a "rule out" case will be followed for a minimum of one year.

You will also be required to sign a release of information form to clinicians who have treated you in the past as well as those to whom we might refer you.

If you relapse in your disease and/or if an additional diagnosis is identified, you will have a modification in your treatment plan.

Program Fees

By signing this agreement, you hereby agree to pay the Professional Assistance Program of New Jersey for the following services:

1. **Initial Evaluation Fee – due at time of your first appointment: \$650 plus the amount for the UDS and processing.**
2. Annual fee per year – years 1 through 5 -- (\$240 a month) (this does not include your initial evaluation. This participation fee does not include treatment provided outside the

- Professional Assistance Program or laboratory/diagnostic testing nor does it include services outside the monitoring and advocacy with your licensing board (i.e. malpractice cases, divorce and child custody cases and civil legal matters);
3. After completion of your fifth year of monitoring with continuous, ongoing recovery, and with no further licensing board involvement, you will be offered the opportunity to enter the Advocacy I Program. The annual participation fee will be \$500.
 4. The Annual Fees are subject to change and participants will be notified in advance of any fee increases.

The Annual Participation Fee Includes:

1. Face-to-face followup, as directed by the Executive Medical Director. (First year, monthly; second year, bimonthly; third year, quarterly; fourth year every four months; and fifth year, semi-annually;
2. Scheduling, record keeping, case management and reports (if authorized and/or required);
3. Comprehensive bio-psycho-social intake assessment;
4. Referral to specialist clinicians, if necessary;
5. Advocacy before your, hospital, employer, regarding your compliance in the program and your documented recovery.

Your annual participation fee does not include PAP representation before your respective licensing board. There will be an additional fee of \$550 for each appearance before your board. This fee is payable prior to your Board appearance.

You are required to have a credit card/debit card on file with the PAP. You may decide whether or not to have the PAP automatically charge/debit your monthly assessment fee and urine drug screen charges, if applicable, or pay the monthly fee and UDS charges by check. You will be sent a monthly invoice for each account reflecting either the amount that has been charged to the card on file or the amount that you are required to pay.

If urine monitoring or hair analysis is part of the recovery plan, a separate monthly bill will be sent.

If your bill becomes seriously delinquent, all services will be discontinued and appropriate licensing board and/or your employer/hospital will be notified. Seriously delinquent accounts will be referred to collections.

As a program participant, you are agreeing to be personally responsible for any formal treatment (residential or outpatient) that may be necessary. These clinicians **are not** part of the Professional Assistance Program staff and the Professional Assistance Program is not paid or reimbursed by them for referrals. You have an independent responsibility to pay their fees.

The Professional Assistance Program will always attempt to arrange the best quality care while remaining cost effective.

Failure to be Current with Payment

If you are under a Board Order, or other directive (i.e., Letter of Agreement), or if your continued employment is contingent upon successful participation in the PAP, advocacy letters will no longer be sent. The Board/employer will be notified that reports are suspended due to failure to pay administrative costs of the program and/or drug testing fees.

Reports to Your Board

If your state licensing board has a formal Consent Order or Private Letter of Agreement, they will receive a quarterly report on your progress. If your board is not currently aware of your case and if, at some time in the future, it becomes necessary for you to self-disclose your participation to your board (e.g. license renewal) notify our offices as soon as possible. We will prepare an advocacy statement on your behalf and will try to schedule a staff person to be with you if you are called before your board.

Confidentiality

If your case involves alcohol or other drug abuse, you will be asked to sign confidentiality forms related to the 42 CFR, Part II, Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records. Where 42 CFR Part II does not apply, the PAP operates in conformity to HIPPA Regulations.

Since patient safety is always a concern, your records will remain confidential from your State Board unless one of the following conditions exists:

1. Failure to comply or refusal to cooperate with the terms of your plan for recovery;
2. Report of a urine, blood or hair test which is positive for the presence of a substance not appropriately prescribed for a legitimate, documented medical condition;
3. Evidence of a major relapse or other impairment which is not being treated;
4. Deceptive behavior (such as an attempt to invalidate a drug screen, substitution of a specimen, presentation of an attendance record);

Signature of Program Participant: _____

Printed Name of Program Participant: _____

Address: _____ (For all mail)

Name of Professional Board:

Do you currently have a Board Order/

1. In New Jersey? Yes No
2. In another state? Yes No

If yes, which state?

Do you currently have a Private Letter of Agreement with your licensing board?

1. In New Jersey? Yes No
2. In another state? Yes No

If yes, which state?

Professional Assistance Program
Staff/Member/Witness _____

Date:

Please note that your signature on this agreement is required. Failure to sign this participation agreement will result in automatic notification to your licensing board and/or referral source.