**Physician Health Committee**

Alaska State Medical Association

Professional Monitored

Recovery Program Agreement

And Contract

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to work with the Physician Health Committee (PHC) during my recovery process. I agree to the following conditions.

1. I agree to completely abstain from alcohol and all other mind-altering drugs. In the event medications may be needed as a legitimate part of my medical care, I agree to notify the PHC immediately.

2. I agree not to write prescriptions for any mind-altering or potentially addictive drugs for my family or myself. Furthermore, I will not prescribe these drugs to patients without direct weekly supervision of a colleague in my workplace.

3. I agree to obtain a personal physician, who will be responsible for my medical concerns and treatment. He/she will not prescribe any mind-altering medications to me unless the PHC is informed. I give permission for my personal physician to release information to the PHC. I authorize the PHC to contact my personal physician as needed for the duration of this contract.

4. I agree to obtain an initial physical examination and similar examination annually as long as I am a participant in this program. I authorize release of these exam results and treatment plans to the PHC.

5. I agree to have a workplace monitor who is acceptable to the PHC and to inform them of the conditions of the agreement. I will instruct this person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to contact the PHC once a month in writing and immediately if there is ever any concern about my using drugs or alcohol or engaging in disruptive behavior. I give permission for the PHC to contact the above-mentioned person whenever necessary.

6. I request that the following entities or hospitals be notified in writing on a quarterly basis of my compliance with the PHC contract. The PHC has my permission to communicate with these organizations if there is concern about relapse during the length of my contract or if I rescind the contract without the PHC’s agreement to the recision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. I will limit my work to forty hours a week, or the number of hours the PHC finds to be in my best interest. I agree to make formal arrangements with a physician colleague to review my professional work on a monthly basis and submit a brief quarterly report to the PHC, if the committee deems it necessary.

8. I agree to inform my spouse, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or significant other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the terms of this agreement, and give them permission to contact the PHC out of any concern about my using alcohol or drugs or engaging in disruptive behavior. This person will send a brief checklist to the PHC monthly. I give the PHC permission to contact the above named person whenever necessary.

9. I agree to submit voluntarily to weekly, random, urine and/or blood examinations as required. When directed to provide a specimen, I will provide such specimen in person before the close of business the same day. The cost for these examinations is to borne by me.

10. I agree that all fees or costs pertaining to the monitoring are to be borne by me.

11. I agree to attend PHC meetings as directly by the PHC to discuss my progress.

12. I agree to provide the PHC with written proof of my attendance to a support group acceptable to the PHC of ninety meetings in ninety days. After ninety days I will continue my association with a support group acceptable to the PHC. I will furnish proof that I am attending at least three meetings per week. I will continue my association with my sponsor for the duration of this contract.

13. I understand that any instance in which it is believed by the PHC that I may be impaired in my practice, I will be reported to the Alaska State Medical Board, and any hospitals or entities I have designated, whether or not this contract has been terminated.

14. I agree that the PHC is monitoring my recovery and my treatment, and that my treatment is being performed by others.

15. I agree that it is my responsibility to determine whether or not my condition and /or my treatment must be disclosed to any person, entity, or organization.

16. I agree to sign any further medical consents necessary to implement this contract.

17. I understand that at any time the PHC feels that anyone’s health, safety or welfare is at risk, the PHC may notify the appropriate persons or entities.

I agree to abide by the terms of this contract for the period of one year. Thereafter, the contract will renew on an annual basis. This contract may be terminated at any time for any breach of this contract. The total term of this contract may not be for more than five years total unless agreed to by the PHC or required by the Alaska State Medical Board.

Signature Date

PHC Medical Director PHC Member