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**Georgia Professional Health Program Inc. (Georgia PHP, Inc.)
Mental Health / Behavioral Monitoring Agreement**

Name Primary Phone
Address Secondary Phone
City State Zip Other Phone
Agreement Start Date Initial Agreement End Date

Career Monitoring (duration of medical license) If yes, Start Date for Career Monitoring

Further comments/notes regarding agreement dates

This agreement specifies the terms under which the Georgia PHP, Inc. will act in a monitoring and advocacy role to the Georgia Composite Medical Board (GCMB) and equivalent state licensing boards, hospitals, medical societies, the Drug Enforcement Agency and others. This agreement is not complete until I read and initial all items, sign at the end, and Georgia PHP, Inc. signs as well. When all of the above occur, I become a monitoring participant in the Georgia PHP, Inc.

I understand by my initials and signature on this document, that Georgia PHP, Inc. is contracted with Georgia Composite Medical Board (GCMB) to provide services of a professional health program. My participation with Georgia PHP, Inc. is voluntary. I am free to choose not to comply with the recommendations of Georgia PHP, Inc. and discontinue my participation at any time and work directly with the Georgia Composite Medical Board (GCMB).

Note: For Public Safety, the Georgia PHP, Inc. is required by Georgia Composite Medical Board (GCMB) to disclose the name of any health care practitioner that discontinues participation with the Georgia PHP, Inc. as a result of not complying with indicated recommendations and to consent to that disclosure as a prerequisite of participation in the Georgia PHP, Inc.

Per my medical provider, my working diagnoses at the start of this agreement are:

Participant Name

- 1) I understand that Georgia PHP, Inc. is not a treatment provider.
- 2) I understand this agreement may be lengthened or shortened at the discretion of the Medical Director and Georgia PHP, Inc. team.
 - a) The Monitoring Agreement may be extended in the event of a behavioral relapse or worsening of my Mental Health condition.
 - b) The Monitoring Agreement may be extended for substantial noncompliance.
 - c) In rare instances, the Agreement may be extended for the duration of licensure.
- 3) If indicated, I agree to any ongoing recommended evaluation, treatment and subsequent monitoring as indicated by my treating provider or Georgia PHP, Inc. All costs related to this agreement are my responsibility.
- 4) I agree to refrain from inappropriate conduct. Examples of "inappropriate conduct" include but not limited to:
 - Threatening of abusive language directed at nurses, hospital personnel, or other physicians (e.g., belittling, berating, and/or threatening another individual);
 - Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel, or the hospital;
 - Profanity of similarly offensive language while in the hospital and/ or while speaking with nurses or other hospital personnel;
 - Inappropriate physical contact with another individual that is threatening or intimidating;
 - Public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital and/ or
 - Inappropriate medical record entries concerning the quality of care being provided by the hospital of any other individual.
- 5) I understand that Georgia PHP, Inc. recognizes behavioral disorders affect the entire family. As such Georgia PHP, Inc. strongly encourages my family members seek their own care such as participation in a family program (if not already attended), self-help groups or private counseling.
- 6) I will immediately notify Georgia PHP, Inc. any of the following:
 - a) travel outside of your monitoring area
 - b) change of address or any phone number
 - c) change of employment
 - d) any malpractice or other legal suit or arrests
 - e) learning you are the subject of licensure or legal investigation by a medical board in any jurisdiction, the DEA or any federal, state or local law enforcement agency
 - f) psychiatric or medical hospitalizations,
 - g) seeking or obtaining licensure in another state,
 - h) change in mental status, or any other significant life event
- 7) I agree to return phone calls from my Case Manager promptly. I understand if I refuse to meet (in person or via telephone) with my Case Manager I may be deemed non-compliant.
- 8) If I choose to share a copy of this agreement, I will inform the person or entity that changes may have been made that are not reflected on this original document. Monitoring agreement changes are kept in the Georgia PHP, Inc. records. A letter summarizing participant monitoring requirements may be requested.
- 9) I agree to follow this ongoing monitoring agreement as outlined below:**

I. Attending Physician:

I agree to be seen a minimum of once per quarter. I understand it is my responsibility to clear any and all prescribed medications through my Georgia PHP Attending Physician. It is also my responsibility to document all the medication I am currently taking in the Spectrum/Affinity system.

I agree to submit my Attending Physician quarterly appointment attendance via the Spectrum/Affinity system. My Attending Physician is required to submit to Georgia PHP a brief report of my compliance quarterly. I understand it is my responsibility to ensure this report is submitted in a timely fashion.

Release of Information for Attending Physician obtained

Name

Address

City State Zip

Contact Number

Email

Reporting forms are located in Spectrum/Affinity under "Help Desk > Quickstart Guides". This must be submitted by my provider via the Spectrum/Affinity online system, emailed to GAPHP at administrator@gaphp.org, or faxed to 855-781-4082. Reports are due to Georgia PHP by the end of the Quarter (March 30, June 30, Sept 30 and Dec 31).

II. Primary Care Physician and Any Other Specialist:

I understand I must obtain a primary care physician. I agree to notify my primary care physician that I am currently participating with Georgia PHP, Inc. and my working diagnoses.

Release of Information for Primary Care Physician obtained

Name

Address

City State Zip

Contact Number

Email

III. Individual Therapy: Required Not required at this time

I understand my individual or family therapist determines the frequency of visits. My Individual or Family Therapist is required to submit to Georgia PHP a brief report of my status quarterly.

Release of Information for Individual Therapist obtained

Name

Address

City State Zip

Contact Number

Email

IV. Family Therapy: Required Not required at this time

I understand my individual or family therapist determines the frequency of visits. My Individual or Family Therapist is required to submit to Georgia PHP a brief report of my status quarterly.

Release of Information for Family Therapist obtained

Name

Address

City State Zip

Contact Number

Email

Reporting forms are located in Spectrum/Affinity under "Help Desk>Quickstart Guides". Forms must be submitted by my provider via the Spectrum/Affinity online system, emailed to GAPHP at administrator@gaphp.org, or faxed to 855-781-4082. Reports are due to Georgia PHP by the end of each Quarter (March 30, June 30, Sept 30 and Dec 31).

Participant Name

V. Supervising MD / Workplace Monitor:

I agree to find a Supervising MD / Workplace Monitor acceptable to the Georgia PHP within 45 days of the signing of this agreement. I agree to a supervisory meeting at a minimum of once per month. I understand it is my responsibility to make sure that these meetings occur.

I will provide my Supervising MD/ Workplace Monitor with the “Supervising MD / Workplace Monitor packet” that outlines the responsibility and requirements of this role. I acknowledge that it is my responsibility to ensure my Supervising MD / Workplace Monitor submits to Georgia PHP, Inc. a report of my status each quarter.

Release of Information for Supervising MD/Workplace Monitor obtained

Name

Address

City State Zip

Contact Number

Email

Reporting forms are located in Spectrum/Affinity under “Help Desk>Quickstart Guides”. Forms must be submitted by my provider via the Spectrum/Affinity online system, emailed to GAPHP at administrator@gaphp.org, or faxed to 855-781-4082. Reports are due to Georgia PHP by the end of each Quarter (March 30, June 30, Sept 30 and Dec 31).

VI. Return to Work / Credentialing:

Return to Work on (date)

Restrictions, if any:

Employer

Releases Completed (one for each system)

Participant Letter Request Completed (one for each system)

Complete a “Participant Letter request” form located in Spectrum/Affinity under “Help Desk>Quickstart Guides”. Indicate if this individual/organization will need a quarterly report from Georgia PHP issued to them (March 30, June 30, Sept 30 and Dec 31st).

Participant Name

Credentialing

I am **NOT** credentialed at any hospital or other system

I am credentialed at the following hospital systems:

A. System Name
Medical Staff Coordinator (include title)
Email
Fax Number
Chief Medical Officer
Email
Fax Number

Release for system obtained

B. System Name
Medical Staff Coordinator (include title)
Email
Fax Number
Chief Medical Officer
Email
Fax Number

Release for system obtained

C. System Name
Medical Staff Coordinator (include title)
Email
Fax Number
Chief Medical Officer
Email
Fax Number

Release for system obtained

Complete a "Participant Letter request" form located in Spectrum/Affinity under "Help Desk>Quickstart Guides". Indicate if this individual/organization will need a quarterly report from Georgia PHP issued to them (March 30, June 30, Sept 30 and Dec 31st).

Participant Name

VII. Other State Licenses I am **NOT** licensed in any other state except Georgia

I am licensed in the following states:

A. State PHP Name

PHP Contact Name

Email

Fax Number

Release Completed for State PHP

B. State PHP Name

PHP Contact Name

Email

Fax Number

Release Completed for State PHP

C. State PHP Name

PHP Contact Name

Email

Fax Number

Release Completed for State PHP

D. State PHP Name

PHP Contact Name

Email

Fax Number

Release Completed for State PHP

If I move to another state before completing this agreement, I agree and endorse that the Georgia PHP, Inc. will ensure I have reported myself to the Professionals Health Program in that state. I understand that I am responsible for reporting myself to that state's program well in advance of my move.

VIII. Toxicology or Other Screening Protocol: Required Not required at this time

I understand Georgia PHP, Inc. utilizes a Toxicology Screening Protocol that includes bodily fluids and substances. This protocol can include but is not limited to urine, hair, nail, blood, saliva or other bodily fluids or substances. (Protocol guideline available upon request.)

I will enroll in the Toxicology Screening Protocol to allow for random screening by the selected Georgia PHP, Inc.'s Third Party Administrator (TPA – Spectrum/Affinity eHealth). By my enrollment, I agree to abide by the rules and provisions of this protocol, including providing a sample when selected to do so within the parameters as set by Spectrum/Affinity eHealth or Georgia PHP, Inc. I understand that specimens flagged as dilute or abnormal by Georgia PHP, Inc.'s TPA-Spectrum / Affinity eHealth will be retested to the lowest limit of detection for substances of abuse at the discretion of the Medical Director, Executive Director or Case Manager. My account will incur additional charges for this retesting. (Ref: Georgia PHP, Inc. Policy/Guideline SR101.1 Dilute Urine Specimen)

I understand I am required to check in Monday – Friday (12:30 am until 4:00pm) via the TPA-Spectrum / Affinity eHealth system to determine if I have been selected. I am not required to check in on weekends or the following holidays: **Thanksgiving Day, Christmas Day and New Year's Day.**

I understand that the “incidental” use of alcohol or other substances (e.g. mouthwash, cleaning gel, poppy seeds) may cause a positive toxicology result that cannot be differentiated from intentional ingestion. If this situation occurs, the Georgia PHP, Inc. may require a subsequent evaluation up to and including a comprehensive 4-day evaluation.

Please refer to the Medication Recovery Guide, a guide to maintaining sobriety while being treated for other health problems (under helpdesk and QuickStart guide in the Spectrum/Affinity system)

For initial account set up, the Georgia PHP Spectrum/Affinity contact is Jean Spong – 877-267-4305 (press option 1 then press option 3 for Jean Spong) I will need to be in front of a computer when I activate my account. After initial set up/training, the Spectrum/Affinity Help Line is 877-267-4304 followed by entering your PIN #

My account must be activated by I am scheduled to start checking my messages on

IX. Total Abstinence: Required Not required at this time

I agree to abstain completely from the use of any medications, alcohol and other mood-altering substances, including non-approved over-the-counter medications unless they are clinically indicated and prescribed by my treating physician.

I agree to abstain from the use of any mood-altering, addictive, or potentially addictive prescription medications, including amphetamine preparations, in all cases except medical emergencies. In the event I need to be prescribed these medications, I am required to notify my Attending Physician and my Georgia PHP, Inc. Case Manager, (if possible), prior to filing the prescription or ingesting the medication.

I agree to not prescribe any medication for myself, including drug company samples. I agree not to take samples or dispensed medication for any controlled substance(s). This requirement shall also apply to any care rendered to me by a dentist.

Participant Name

I agree not to prescribe, dispense or administer to family members or myself any drug having addiction-forming or addiction-sustaining liability. I understand it is the strong recommendation of the Georgia PHP, Inc. that no recovering physicians treat themselves or family members in any way.

I agree to contact Georgia PHP, Inc. within 24 hours in the event I: a) use alcohol or other mood-altering substances/drugs; b) have been arrested for or charged with any criminal offense; or c) have a grievance or complaint filed against me by or with the Georgia Composite Medical Board or any other agency.

I have been informed about the list of approved over-the-counter medications. *Please refer to the Medication Recovery Guide (under "Help Desk>Quickstart Guides" in the Spectrum/Affinity system) a guide to maintaining sobriety while being treated for other health problems.*

X. Short Term / Emergency Use of Medication:

In the event I have a medical condition that requires the use of one or more potentially addicting substances, I agree to follow Georgia PHP, Inc.'s Short-term Use of Medication Guideline. In agreeing, I am attesting to the following:

- I will download from the Spectrum/Affinity site and complete the – Acute Use of Medication form and fax it to the Georgia PHP immediately.
- I will talk with my attending physician regarding use of any mood-altering medications, prescription or otherwise and explore with her or him the dangers to my mental health condition.
- I will have a Medication Coach (spouse, family member, or sponsor) maintain possession of any mood-altering medication(s) and be responsible for administration and disposal of any remaining medication.
- I will talk with my Attending Physician and my Georgia PHP, Inc. Case Manager regarding prescription and/or use of any mood-altering medications, prescription or otherwise, prior to actually starting the medication.
- I will inform my Georgia PHP, Inc. Case Manager as to who (Medication Coach) will hold mood-altering medications for the participant.
- I will provide copies of all prescriptions to Georgia PHP, Inc. for any mood-altering medications (via the Spectrum/Affinity messaging system or fax directly to Georgia PHP, Inc.) If I am unsure as to whether a medication is mood altering, then a prescription copy should be provided to Georgia PHP, Inc. for review.
- I will provide the name and contact information of the physician that prescribes medications considered to be mood altering to Georgia PHP, Inc. I will also provide to Georgia PHP, Inc. a signed release of information allowing communication between Georgia PHP, Inc. and prescribing physician and/or pharmacist and/or my Medication Coach as appropriate.
- I will report any changes in the use of such mood-altering medications, both prescribed and over-the counter, to my Case Manager in writing, via Spectrum/Affinity Messaging System, prior to such changes.
- I will inform my Attending MD and Georgia PHP, Inc. Case Manager, via the Spectrum/Affinity Messaging System, of any planned elective surgery and provide a list of any anticipated mood-altering medication(s) prior to such surgery.
- In the case of emergency surgery, I will inform my Attending Physician and my Georgia PHP, Inc. Case Manager (as soon as possible) of the surgery and what mood-altering medications were required prior, during, or after surgery.

Note: The use of non-Georgia PHP, Inc. approved mood-altering medications (prescription or otherwise) while a participant in the Georgia PHP, Inc., may be considered a relapse and could result in additions or changes to my monitoring agreement and possibly a report of my name and condition to the GCMB. Georgia PHP, Inc. cannot advocate for participants under monitoring who are on medications that have addictive liability.

Participant Name

XI. Other Attestations:

I understand that if I am able to be enrolled within the Safe Harbor area of the Georgia PHP (you are an anonymous participant, unknown by name to the Georgia Composite Medical Board and other Medical Boards) I can anticipate remaining in that status unless the following occurs:

- I constitute an imminent danger to the public or myself;
- I refuse to cooperate with the Georgia PHP, Inc., refuse to submit to treatment, or am still impaired after treatment;
- There are other grounds for disciplinary action as determined by the Georgia PHP or the Medical Board if they were to become aware of your situation.
- I understand that any reports of sexual boundary violations with patients must be reported to the Georgia Composite Medical Board (GCMB).

If Georgia PHP, Inc. deems my anonymity should be broken, then I authorize the Georgia PHP, Inc. to disclose any information it may have concerning me including, but not limited to, my involvement with the Georgia PHP, Inc., my illnesses, diagnoses, prognosis, treatment, or any other information, to the GCMB, its members, employees, or agents for its use in the discharge of its duties while enforcing the laws regulating the practice of medicine and surgery and the performance of medical acts by physician assistants. The Georgia PHP, Inc. may re-disclose this information as required or permitted by Georgia law in a proceeding under Code Section 43-34-5.1 of the Georgia General Statutes.

I understand that I will be charged an administrative/program fee of \$ per month for the duration of this agreement. Fees may be increased with a 30-day written notice at anytime. In my first month of monitoring with Georgia PHP, Inc., I will be invoiced directly from Georgia PHP, Inc. for this fee. After the first month, my Georgia PHP, Inc. program fee will be collected via the Spectrum/Affinity account around the 2nd of every month. If I fail to fund my Spectrum/Affinity account for this fee, Georgia PHP, Inc. will charge my credit card on file to bring my account to current. The financial arrangement of this agreement is my responsibility. If at any time my account goes into arrears, I will notify the Georgia PHP, Inc. Executive Director via the Spectrum/Affinity Messaging System. I understand my account must be paid in full prior to completion of this agreement. Georgia PHP, Inc. does not issue refunds.

I understand that Monitoring providers (attending MD, individual therapist, etc.), evaluation, or treatment provider services will be at participant expense. These fees are not set by Georgia PHP.

I understand that random toxicology services are at an additional cost paid directly to the third-party administrator. These financial arrangements are solely between the participant and the monitoring provider.

As a Participant, I agree to fully cooperate with my recovery monitoring. The Georgia PHP, Inc. will judiciously use all available tools to ensure as a participant, I remain in recovery and safe to practice. The tools used by Georgia PHP, Inc. include, but are not limited to drug screening of body fluids, hair, nails and other specimens, repeat evaluation, medical and psychological testing and polygraph testing.

I understand that Georgia PHP, Inc. may require a third-party assessment of my clinical competency if there are sufficient concerns in this area.

I understand that if I have any concerns, I can report my grievance in writing to the Georgia PHP, Inc. Executive Director via the Spectrum/Affinity Messaging System.

I understand that adherence to this agreement is my responsibility. I understand that if I fail to comply with this agreement, the Georgia PHP, Inc., according to their approved Guidelines, may respond by:

- Encouraging me to improve my adherence.
- Changing this monitoring agreement
- Increasing my monitoring
- Extending this monitoring agreement
- Reporting me to the Georgia Composite Medical Board and any other boards relevant to my licensure, other licensing agencies, medical staff credentialing bodies, employers, malpractice carriers, other state PHP where I am licensed or seeking licensure, and other agencies. I understand that the Georgia PHP, Inc. has a duty to public safety as well as my own health.
- Making other changes in this agreement as deemed necessary by Georgia PHP, Inc.

Additional Provisions as required by

Participant Signature

Date

Participant Initials

Georgia PHP, Inc. Staff Signature

Date

Participant Name