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## MONITORING AGREEMENT Overview

Voluntarily agree to participate in the Tennessee Professional Assistance Program (TnPAP) and adhere to the terms set forth in the Monitoring Agreement.

### Abstinence from Drugs and Alcohol

- Including the use of any substance containing alcohol, mood-altering drugs, (unless given permission by TnPAP) ephedra products, and the use or possession of controlled substances. This includes the drugs Ultram (Tramadol), Soma (Carisoprodol), Flexeril (Cyclobenzaprine), Robaxin (methocarbamol), Ambien (zolpidem), Lunesta (eszopiclone), Restoril (temazepam) as well as others not listed (see Medication Guide).
- Abstain from the use of over-the-counter (OTC) drugs that are not permitted such as sleeping pills, diet pills, and Benadryl.

### Use of Medications

- Cease practice immediately whenever prescribed a controlled substance until
  - a. a negative toxicology report has been obtained via Affinity Online Solutions (AOS) and
  - b. authorized to do so by TnPAP.
- Prescriber must
  - a. complete and submit a Verification of Prescription Medication report whenever prescribed medications or given sample medications to you for any reason.
  - b. Verification of Prescription Medication report is to be submitted on or before the next business
- In case of a documented emergency, the *Verification of Prescription Medication* report must be submitted the next business day after the emergency has been resolved.
- a positive drug screen without an approved *Verification of Prescription Medication* report being on file in the TnPAP office will be considered a violation of the Monitoring Agreement.
- A Fitness to Safely Practice evaluation will be required whenever a controlled substance must be taken for longer than a 14-day period.

### Physician, Dentist and Pharmacy Drug Use Exception

- All health care providers, including dentists and pharmacists, must be informed of enrollment in TnPAP and a release of information provided to TnPAP for each and every practitioner who provides services to you.

### Employment

- Refrain from working in licensed field until written authorization is given to my employer by TnPAP.
- Provide TnPAP with an Authorization to Exchange Information To and From Employer during the interview process and/or upon acceptance of any/all position(s).
- Notify employer of TnPAP participation and provide copy of monitoring agreement
- Hours of Practice limited to no more than 80 hours in a two week (14 day) period.
- Restrictions
  - a. No working at
    1. registry and staffing agency (temps)
    2. home health agency
    3. travel nurse agency
    4. hospice
  - b. Hold a position where I
    1. will be the only healthcare practitioner on duty
    2. will be required to float from unit to unit with different supervisors
    3. will be a charge or supervisor position while on a narcotic restriction
    4. will have access to, dispense, or count any controlled substances (or any medication that a facility counts and controls such as benzodiazepines), including controlled substance IV drips until authorized by TnPAP,
    5. have prescription writing privileges for controlled substances
    6. may be responsible for supervising other TnPAP participants.

- c. Evaluation of Practice (Workplace Monitoring)
  1. Supervisor to provide TnPAP with a quarterly Employer Evaluation
  2. The receipt of an unfavorable report may be considered a violation of this Agreement.
- d. Change in Employment Status
  1. Do not accept or begin work (including participation in any orientation sessions) until authorized to do so by TnPAP.
  2. Notify TnPAP of any plans to change my work status, position, shift, or place of employment for prior approval. Failure to inform TnPAP prior to employment in the health care industry may result in immediate discharge from TnPAP and a report made to the Tennessee Department of Health, Division of Health Related Boards, Office of Investigations.
  3. Provide TnPAP with the appropriate exchange of information form(s) and any other documentation requested regarding my employment.
  4. Contact TnPAP immediately (no later than the next business day) of my termination of employment with any employer.

- **Meeting Attendance**

1. Therapy/Counseling etc may be required
2. Support Group.

- **Documentation**

1. It is my responsibility to inform the appropriate persons designated above of these report requirements and to have these persons timely mail, fax or submit on-line the reports directly to TnPAP.
2. Failure to submit or consistent late submission of reports will cause noncompliance with my Monitoring Agreement and result in action as deemed appropriate by TnPAP including, but not limited to, extension of the monitoring period.

#### H. Toxicology Screening

1. Participate in the random biological fluid testing program.
2. Daily log onto the website for the purpose of ascertaining if a specimen is to be given.
3. Responsible for payment of any and all testing and test confirmation results.
4. Lack of funds is not an acceptable reason for not testing when selected.
5. Authorize the release of the results of any toxicology screens directly to TnPAP.
6. Refusal or failure to provide a specimen when selected will be treated the same as a positive result.
7. Positive Drug Screens.
  - b. A positive drug screen at any time under these circumstances or under any other circumstance(s) deemed applicable by TnPAP, I will abide by TnPAP relapse guidelines that include, but may not be limited to:
    - (1) Immediate, voluntary cessation of all professional health care practice,
    - (2) An evaluation by an appropriate practitioner,
    - (3) Any other action deemed necessary and pertinent by TnPAP.
9. Any attempt to alter the results of any specimen screen will be considered a major violation of the monitoring agreement and may result in immediate discharge from the Program and if appropriate a report being made to my licensing board.

- **Relapse**

1. A relapse is a break in abstinence. This includes, but may not be limited to, ingestion, inhalation, injection, or any other route of administration of any mood altering substances, prescribed, legal or illegal, unless TnPAP has been notified via a *Verification of Prescription Medication report*.
2. Report any relapse immediately to TnPAP.
3. Immediately cease practice.
4. Follow instructions provided by case manager which may include, but may not be limited to, appearing for an evaluation, and abiding by the recommendations regarding on-going treatment, aftercare and return to work.

- **Legal Action**

I agree to refrain from instituting legal action of any kind or making any claim against the Tennessee Professional Assistance Program, its officers, members, representatives, and employees, for slander, libel, defamation of character, malicious prosecution, abuse of process, infliction of emotional distress, financial hardship, harassment, invasion of privacy, false imprisonment, or for any other reason arising out of communications, activities, or conduct relating to or concerning in any with this Agreement or its provisions or the enforcement thereof.

#### K. Miscellaneous

1. Responsible for the costs of all evaluations, assessments, treatment, and toxicology screens and an unpaid expense may be considered noncompliance with the Monitoring Agreement.
2. Respond to respond to all communication requests from TnPAP without delay (on or before the next business day).

3. Telephone and personally speak to my case manager or designee **at least monthly**.
4. Notify TnPAP immediately (within one business day) of any change of address, telephone number (work, home or mobile), marital status, or employment.

- **Notification to TnPAP**

1. Arrests or convictions including any type of legal diversion settlements.
2. Admission to any medical or psychological treatment facility regarding the abuse of or dependence on any chemical substance, or for treatment for any emotional or psychological disorder.
3. Involvement in an automobile accident (driver or passenger)
4. Board action.

- **Multi-state licensing privilege and/or Relocation to another State**

1. *Multi-state licensing - Even though I may have multi-state license privileges issued by the Tennessee Board of Nursing that I may only practice(work) in Tennessee.*
2. Relocation - If I am considering a move out of the State of Tennessee, I must discuss this with my TnPAP case manager **prior** to moving and request permission to apply for transfer to the other state's monitoring program.
3. Relocation to another state requires that TnPAP notify the Tennessee Department of Health that the agency is no longer providing monitoring.

- **Violation**

Deviation from the requirements the Monitoring Agreement without the written consent of TnPAP shall constitute a violation of this Agreement and will be cause for discharge from the program and a report made to the licensing board.

- **Participant's Rights**

Read each section of the Monitoring Agreement and ask for clarification if you are unclear about any of the stipulations.



# Rights and Responsibilities

We want to encourage you, as a Tennessee Professional Assistance Program (TnPAP) participant, to communicate openly and honestly regarding your recovery, and promote your own safety by being well informed and actively involved in your monitoring. Because we want you to think of yourself as a partner in the monitoring process, we want you to know your rights as well as your responsibilities

## Your Rights...

You have the right to be treated with respect, consideration and compassion.

You have the right to refuse monitoring or continuation of monitoring at any time. However, if you do so, the agency may be statutorily required to notify the Tennessee Department of Health.

You have the right not to be required to perform at public gatherings and/or make public statements which acknowledge gratitude to or for the TnPAP.

You will not be required to provide any photograph(s) of yourself.

You can expect confidentiality at all times as required by state and federal statute. However, it is expected that you will sign forms allowing exchange of information to and from TnPAP for the Tennessee Department of Health, employer(s), treatment providers, etc. in order for the agency to verify compliance with the monitoring agreement components. Failure to do so may prevent the agency from being able to advocate for you.

You will not be discriminated against, excluded from participation, or be denied benefits offered by TnPAP on the basis of any classification protected by federal or state constitutional and/or statutory law.

You will not be required to participate in research studies. However, research statistics, including but not limited to, demographic and recovery information, may be used without the use of identifying data.

You will not be asked or required to loan money to any TnPAP employee or have your funds or property used for the program's own use or gain.

You can expect that TnPAP staff will comply with applicable Federal Alcohol and Drug regulations including the Health Insurance Portability and Accountability Act (HIPAA) [42 C.F.R., Part 2] regulations and Tennessee regulations [TCA §10-7-504(a) and (h) and §63-1-136(d)]. All communications and records about your monitoring are confidential, unless disclosure is allowed by law. TnPAP records are not distributed to any third party [TCA §63-1-136(d)]. Should you need a copy of a document you should contact the originating source.

You can expect that any time you violate the Monitoring Agreement, or a TnPAP staff member has a reasonable belief that you pose a threat to public safety, and/or have violated your practice act; the program may immediately notify the Tennessee Department of Health.

If you need to discuss an ethical issue related to your care, contact the TnPAP Executive Director.

You have the right to voice your concerns/grievances about a possible violation of your rights or to report an ethical issue related to your monitoring. To do so, contact:

TnPAP Executive Director  
545 Mainstream Drive, Suite 414  
Nashville, TN 37228

All concerns/grievances must be in writing. The concerns/grievances will be reviewed and you will be notified of the findings and any action taken within 15 working days after receipt of the written concern/grievance. Should the Executive Director determine that the review will take longer than the above stated time period, (s)he will notify you, in writing, as to the date when the review completed.

### **Your Responsibilities...**

You are expected to provide complete and accurate information about your chemical dependency, including both historical and currently. You are expected to reveal all medications, vitamins, herbal products that you are prescribed and/or ingesting.

You are expected to ask questions and get clarification when you do not understand information or instructions.

You are expected to be knowledgeable and adhere to each of the components of the monitoring agreement.

You are expected to actively engage in your recovery and to maintain regular communication with your case manager.

You are expected to treat all TnPAP staff with courtesy and respect.

You are expected cease practice whenever you are prescribed a mood-altering medication, unless told otherwise by your case manager in advance.

You are expected to refrain from consuming alcohol.

You are expected to fulfill all financial obligations including, but not limited to maintaining adequate funding in your toxicology screen account and to pay evaluation, assessment, treatment, and support group bills in a timely manner.

You are expected not to accept any work position that would require you to supervise another TnPAP participant or have access to confidential records/information concerning another TnPAP participant.

You are not allowed to have responsibility for the care of any other TnPAP participant.

You are expected to provide specimens for toxicology testing as requested.

### **TNPAP RULES**

The following criteria have been established for health care professionals participating in the Tennessee Professional Assistance Program:

1. When appropriate, the health care professional must refrain from professional practice until authorized to return by TnPAP, in writing, to return to a specific professional position.
2. The health care professional must receive appropriate treatment as recommended.
3. The health care professional must be actively involved in continuing care during participation in the TnPAP for a minimum of three years; or five years if the health care professional is an advanced practitioner (CRNA, Nurse Practitioner, Physician Assistant) or previously a participant in any alternative-to-discipline or disciplinary monitoring program.
4. The health care professional must agree to and adhere to all aspects of the Monitoring Agreement, including providing written reports as specified.