

Alabama Veterinary Professionals Wellness Program

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Diagnostic Monitoring Agreement

The Alabama Veterinary Professionals Wellness Program, AVPWP, is sponsored by the Alabama State Board of Veterinary Medicine Examiners, ASBVME, and the Alabama Veterinary Medical Association, ALVMA. The AVPWP can assist veterinary professionals by documenting their health and compliance with recommendations. The undersigned veterinary professional agrees there has been a problem with substance abuse or misuse in the absence of dependence (i.e. no evidence of “addiction or alcoholism”). In other words, following evaluation there does not appear at this time to be a diagnosis of dependence. However, there is a history of irresponsible or inappropriate use of alcohol or drugs or significant suspicion of abuse. The purpose of this agreement is to provide a mechanism to document abstinence and absence of any substance use over the specified period of time. If further episodes of substance abuse or misuse occur the undersigned agrees to further evaluation and reconsideration of his/her status.

Last Name: _____ First Name: _____ DOB: _____ SSS: _____

Addresses	Home: _____ Street Address City State Zip
	Office: _____ Street Address City State Zip
	Other: () _____ Street Address City State Zip
	Other: () _____ Street Address City State Zip

Phones	Home Phone: () _____ Office Phone: () _____ Beeper: () _____
	Mobile Phone: () _____ Fax: () _____ Other (): () _____

Email Address: _____ Date: _____

*(Place asterisks beside preferred telephone number. Mail will be sent to your home address marked “Confidential and Personal.”)

Significant other or emergency contact: Name: _____ PHONE: _____

The Alabama Veterinary Professionals Wellness Program (AVPWP), supervised by the Alabama Veterinary Professionals Wellness Committee (Committee), agrees to assist you in your efforts toward

documenting abstinence from substance abuse or misuse. This includes assisting with concerns among peers, family and medical community; and where appropriate reporting to designated medical boards and/or credentialing authorities.

1. I, _____, DVM agree to the terms of this agreement for a period of 12 months from the date of this agreement. This agreement may be extended if warranted. Alterations in this agreement cannot be made without prior approval from the program director. _____(Initials)

2. I agree to abstain from any and all mood-altering chemicals (including but not limited to alcohol, marijuana, tranquilizers, sedatives, stimulants, narcotics, ultram (tramadol), nubain, antidepressants, and soporifics, androgenic steroids, scheduled and/or unscheduled drugs, mood altering over-the-counter medications, etc.) except as prescribed by my physician and only after consultation with AVPWP. If any mood altering and/or potentially addictive medications are required I will have my prescribing physician supply documentation to AVPWP verifying the need for said medication, and if ongoing, will renew verification every 90 days. I also agree that I will not consume poppy seeds and I will not consume ethyl alcohol in any form (alcohol "free" wine or beer, mouthwash, cough syrup, in food, communion wine or in any other form). _____(Initials)

3. I will secure a primary care physician to treat my medical problems and give him/her authorization to communicate directly with AVPWP on my progress. This physician will be

_____ M.D., Phone _____

Street _____ City _____ Zip _____
_____(Initials)

4. I will not treat myself for any illness but will contact my physician for any needed medical care.
_____(Initials)

5. I will acknowledge my AVPWP Committee monitor to be _____

Street _____ City _____

Zip _____ Phone _____. _____(Initials)

6. I will meet with my Committee monitor soon (within one month after signing this agreement) and in 3 months and 6 months and every 3 months thereafter of this Agreement to discuss my progress. I will request my monitor, to provide AVPWP a report of these progress meetings, preferably utilizing a standard AVPWP reporting form. I will be responsible to assure that these reports are sent by my monitor and received by AVPWP. I understand that more frequent meetings may be necessary if requested. If I have any problems regarding the terms of this agreement I will contact my Committee monitor and/or AVPWP immediately.
_____(initials)

7. I will submit to urine/blood/sputum/hair or other screening tests. These screens will be random, observed, and chain of custody. Either AVPWP or my Committee monitor, with or without cause, may request additional tests. I will participate in random testing at least 3-5 times per month for six months and monthly thereafter for the duration of this agreement. I agree to adhere to the urine testing notification and collection procedures and protocols as established by AVPWP. I further understand that if I do not receive notification to provide screening tests, it is my responsibility to notify AVPWP. I also

agree that it is my responsibility to assure that all urine specimen collections are observed by lab personnel. If urine specimen collection is not observed the results are invalid.

_____(initials)

8. I agree to notify AVPWP of changes in my office or home address or telephone number.

_____(Initials)

9. I understand that if I fail to meet the conditions of this agreement, I may lose the support of this Committee. In case of relapse I agree to withdraw from practice immediately and enter evaluation and/or treatment. Relapse or failure to meet conditions may require reporting such to the Board of Veterinary Medical Examiners.

_____(Initials)

10. I authorize the members of the Alabama Veterinary Professionals Wellness Committee to make inquiries to and receive information from any hospital or clinic where I work, and any veterinary professionals or non-veterinary professionals with whom I associate in the practice of medicine, members of my immediate family, and my employer concerning any and all aspects of my compliance with the provisions of this Assistance Agreement. I agree to execute an authorization for release of information to the Alabama Veterinary Professionals Wellness Committee authorizing any physician or other treatment agents whom I have consulted for personal care and treatment to release all information concerning my mental and physical health to the Committee. I agree to make full disclosure to colleagues with whom I share office practice, or call schedule, so that they may be alert to signs of relapse.

_____(Initials)

11. During the duration of this AVPWP agreement, I understand that when requested, information concerning my status will be given by AVPWP to:

_____ a. The Alabama State Board of Veterinary Medical Examiners

_____ b. My medical liability insurance carrier:

_____ c. The following animal hospitals or clinics:

12. I agree to report my status to all animal hospitals or clinics where I work, and to allow the AVPWP to send progress reports to designated persons at these facilities when requested. These designated individuals are _____ and _____.

_____(Initials)

13. I understand that the AVPWP is not responsible for insuring compliance to restrictions or probationary orders issued by the Alabama State Board of Veterinary Medical Examiners or other state or federal regulatory agencies.

_____(Initials)

14. I agree to neither prescribe to my family or to keep samples of such chemicals in my home.

_____(Initials)

15. I understand the AVPWP only provides assistance for me to the extent of my participation in the program, and not to my qualifications or competence as a veterinary professional. _____(Initials)

16. I understand that the AVPWP assumes no responsibility for verification of my qualifications, background or history except as it relates to my treatment and participation in the program. _____ (Initials)

17. I hereby release and hold harmless the Alabama Veterinary Professionals Wellness Committee and any and all agents, servants, employees or consultants of the Alabama State Board of Veterinary Medicine and the Alabama Veterinary Medical Association or the Committee from any claims whatsoever arising out of actions taken by the Committee in good faith without malice in furtherance of the objectives of this Assistance Agreement. _____(Initials)

18. Inherent in this contractual agreement is a requirement of the participant to be appropriately cooperative and courteous to the AVPWP staff and pay all appropriate fees in a timely manner. _____(Initials)

19. In the event that I move from Alabama or practice in another state, I agree to notify AVPWP. _____ (Initials)

20. In the event it becomes necessary for the Alabama Veterinary Professionals Wellness Program to render a report to the State Board of Veterinary Medical Examiners pursuant to Ala. Laws, I authorize release to the State Board any records in the possession of the Alabama Veterinary Professionals Wellness Program which relate to my participation in the AVPWP program including but not limited to records of evaluations and/or treatment for alcohol and drug abuse protected under the provisions of Title 42 USCA Section 290dd-3 and 42 CFR Section 2.1. I understand that this authorization and release permits the State Board to receive and examine the records described herein and, if deemed necessary by the Board, to utilize such records in an administrative proceeding instituted by the Board. _____ (Initials)

21. I will attend a weekly Caduceus group (Health Professionals support group) until completion of this assistance agreement. I agree to keep a personal written log of this attendance, to sign-in at meetings that keep a log of attendance, and to make logs available to AVPWP upon request. _____ (Initials)

22. I will attend at least two AA or NA meetings per week for the one year period and will log my attendance on a calendar. This log will be made available upon request by AVPWP. (Caduceus group meetings and aftercare groups may be counted as an AA meeting, thus, I will always attend at least one AA meeting per week even if counting these other meetings.) _____(Initials)

23. I will secure an AA/NA sponsor and ask that sponsor if he/she is willing to communicate with my Veterinary professional monitor regarding my progress. _____(Initials)

24. I understand that it is important for my family to attend Al-Anon, Alateen, or other support groups, and authorize them to communicate directly with the AIPC as they feel may be indicated. _____(Initials)

25. I agree to pay the AVPWP participation fee (\$15 per month (ALVMA members) or \$25 per month

(non-ALVMA members) on an annual or quarterly basis. (A statement will be sent to your home address.) _____ (Initials)

26. Other requirements:

_____(Initials)

Additional Information

Sex: M or F Marital Status: _____ Religious Preference: _____ Race: _____

MASA Member: Y or N Malpractice Carrier: _____

Alabama License Status: Active Inactive Out of State Retired Unlicensed

Med School Attended: _____ Grad Yr _____

Residency: Specialty: _____ Training Program: _____ Grad Yr _____

Residency: Specialty: _____ Training Program: _____ Grad Yr _____

Residency: Specialty: _____ Training Program: _____ Grad Yr _____

Current Hospital Privileges: Active: Y or N Hospital: _____ City: _____

Current Hospital Privileges: Active: Y or N Hospital: _____ City: _____

Current Hospital Privileges: Active: Y or N Hospital: _____ City: _____

Current Hospital Privileges: Active: Y or N Hospital: _____ City: _____

List all States where you have a Medical License: _____

List All Substances abused: Place Asterisk by Drug of Choice: _____

Managed Care Company Affiliations with whom I contract as provider: _____

Psychiatric Comorbidity: (Dual Diagnoses): _____

Witness

Date

Participants Signature

Date

Alabama Veterinary Professionals Wellness Program

Date

cc: AVPWP, Committee Monitor, Primary Physician