

Professional Health Provider Contract with The Aegis Caduceus Program

I, _____ (please print name clearly)

Agree to undergo treatment for Substance Use Disorder under the care of the Aegis Health Group, and to adhere strictly to the following without any deviation unless authorized in advance by Aegis Health Group.

1. To abstain from all mood-altering substances of potential abuse, including alcohol, unless authorized by Aegis Health Group or in the event of an emergency.

2. To undergo witnessed urine drug and/or alcohol screening, as follows:

*Four times a month for one year, plus one random sample per month,

*Three times a month for the second year,

*Two times a month for the third and subsequent years on a random basis.

*As otherwise directed by the Aegis Health Group

3. To attend the Aegis Health Group office at the 1883 Turner Road location monthly for a progress assessment for the duration of the contract.

4. To attend Caduceus meetings, that are offered weekly on Tuesdays at 4pm. Please arrive on time.

I understand that in the event that I breach any of the above conditions, and if I am required to attend this group that Aegis Health Group may inform my Registering Body of Health Professionals assigned to my file.

I have attached, or submitted in-person, a Proof of Designation, to the email community@aegishealth.ca or the fax number of 519-253-4713.

Signed: _____ Dated: _____

Witnessed: _____ Dated: _____