

Caduceus Aegis Monitoring Agreement

I, _____ want and agree to participate in the Caduceus Aegis group. In doing so, I voluntarily agree to all of the following terms and conditions of this monitoring agreement so that I may safely and responsibly return to work.

1. **ADVANCED APPROVAL FOR EMPLOYMENT:** I will obtain approval from the Aegis Health Group and let them know about my conditions of employment or changes in employment. This may include restrictions on practice setting, supervision, work hours and access to controlled substances. I will provide my prospective employers with a copy of this agreement prior to accepting this position.
2. **CONTROLLED SUBSTANCES:** I will not obtain, possess, prescribe, dispense and/or administer controlled substances.
3. **PLACE OF EMPLOYMENT:** I will return to practice at a date yet to be determined and approved by the Aegis Health Group.
4. **WORKPLACE MONITORING:** I will practice my profession only under the supervision of:

_____ at _____.

Who is knowledgeable of my history. He/she will report to the Aegis Health Group as required in this agreement. In the event I am unable to comply with the minimum standards of acceptable and prevailing practice or appear unable to practice with reasonable safety, my workplace monitor will immediately notify the Aegis Health Group.

5. **HOURS OF PRACTICE:** I will practice my profession from 0700-2400 only, not for more than twelve hours per shift, and not more than _____ hours per week unless otherwise approved by the Aegis Health Group. If I have been approved to work 12 hours shifts, I will not work more than 2 consecutive 12 hour shifts.



6. **ABSTENTION FROM MOOD-ALTERING SUBSTANCES:** I will practice total abstinence from alcohol, controlled substances, and other mood-altering substances. I will notify all treating practitioners of my Substance Use Disorder.
7. In the event that I am hospitalized or otherwise require medical or dental treatment involving mood-altering or controlled substances as ordered by my treating Physician or Dentist, I will immediately report this fact and all relevant circumstances to my addiction specialist team at the Aegis Health Group.
8. **12 STEP MEETINGS/SPONSORSHIP:** I will seek support from community resources including NA, AA meetings/sponsors if I am willing and interested, however, I am not required too if I am attending the Caduceus Aegis group weekly.
9. **CADUCEUS:** As a participant in the Aegis Caduceus group, I understand it is required that I participate in monthly meetings. I will discuss this with my counsellor and addiction specialist and follow their recommendations for frequency and documentation accordingly.
10. **RANDOM URINE SAMPLING:** I submit to urine, blood and /or hair follicle drug screens as requested by the Aegis Health Group. Notice is hereby given and acknowledged that ingestion of any food or food supplements (herb, poppy seeds etc) may show a positive test for restricted drugs. Accordingly, I agree that no claim shall be made and will accept no claim, that the presence of drugs in my blood or urine resulted from consumption of such food or food supplements. I understand that missed urine screens regardless of the reason is unacceptable. This includes family emergencies, funerals, etc. If an emergency occurs, I understand I must notify as soon as possible.
11. **VACATIONS:** If a vacation or other absence from my home area is planned, I must discuss my recovery plan to assist in maintaining abstinence, which may include drug screens with the Aegis Health Group.



12. PLEASE DISCLOSE YOUR TREATING PRACTITIONERS:

13. If any of my treating practitioners find I am not substance free, or have not been compliant with this agreement, or am unable, for any reason, to practice my profession with reasonable safety, they will notify the Aegis Health Group immediately in writing and provide all related information, including copies of any urine/blood drug screen results. Following the initial visit, the Addiction specialist and Psychiatrist will determine and specify the frequency of my visits. I will continue to see all my treating practitioners as per their recommended frequency and will not stop seeing any of my treating practitioners without notification to the Aegis Health Group. I will provide a copy of this agreement to all of my treating practitioners as soon as possible.

14. **MEDICATION MANAGEMENT:** I will take only those medications prescribed for me by my treating practitioners and will notify the Aegis Health Group of all prescribed and non-prescribed medications I am taking. I will notify the Aegis Health Group and coordinate all medications prescribed to me by my treating practitioners.

15. **THERAPY:** I will participate in group, individual, and/or community program therapy approved by the Aegis Health Group for a minimum of two years. If my therapist finds that I am not substance free, or have not been compliant with this agreement, or am unable for any reason to practice my profession with reasonable safety, my therapist will notify the Aegis Health Group immediately in writing and provide all related information.

16. **CONFIDENTIALITY-**I understand that this group is a safe space to share and therefore respects the confidentiality of each participant. Disclosures will be held in a confidential and brave space, and held to the highest standard. If there are disclosures of harm to self or others the Aegis Health Group will provide the support and follow up needed to address the concerns.



17. **PROFESSIONAL COLLEGE'S MONITORING PROGRAM:** I understand it is recommended that I participate in my professional colleges monitoring program if one is made available to me (ie undertaking).
18. **ADDITIONAL EVALUATION AND/OR TREATMENT:** I agree to submit to an independent addiction specialist and/or psychiatric evaluation and/or engage in additional monitoring and/or treatment as determined by the Aegis Health Group.
19. **COSTS:** I accept responsibility for payment of all costs incurred in complying with the terms of this agreement.
20. **SUCCESSORS:** I will immediately provide copies of this agreement to my workplace monitor(s), treating practitioner(s), therapist(s) and any other individuals involved in my care. If I wish to change employers, workplace monitors, treating practitioners, and/or therapists, I will first obtain the written approval of the Aegis Health Group, and I will provide copies of this agreement to each successor, treating practitioners, therapists, workplace monitors, and any other individuals required to report to Aegis Health Group. I will ensure compliance by providing any successor with the reporting requirements of this agreement.
21. **AUTHORIZATION FOR RELEASE OF INFORMATION:** I give the practitioners of the Aegis Health Group authorization to discuss my case with my other treating practitioners as identified in this agreement.
22. **MODIFICATION TO THIS AGREEMENTS:** I understand and agree that the Aegis Health Group may, at their discretion, modify the terms of this agreement as necessary to protect the public health, safety, and welfare and/or to facilitate my progress in recovery. All modifications will be reflected in an addendum to this agreement signed by the Aegis Health Group and myself. My failure to agree to and/or comply with modifications as determined by the Aegis Health Group practitioners may be considered a breach of this agreement.



23. **VARIATIONS TO THIS AGREEMENT:** Any requests I make for variations in this agreement (i.e. lifting of restrictions etc.) must be in writing, accompanied by supporting documentation, discussed with, and approved by the Aegis Health Group.

24. **EMPLOYMENT:** Failure to abide by the terms of this agreement may result in my being asked to refrain from working until my ability to practice safely has been re-established. In the event that my Workplace Monitor is unavailable, I will be asked to identify an appropriate alternate and agree to sign a release of information to that person.

25. **EXPIRATION OF AGREEMENT:** Successful completion of this Monitoring Agreement will require a minimum of 3 years of documented abstinence as determined by negative urine drug screens and/or alternate methods (including hair sample analysis) as recommended by the Aegis Health Group. A positive confirmed urine drug screen during the last year of the monitoring agreement will result in the extension of the agreement for an additional two years after the last positive test.

26. **REPORTS TO THE COLLEGE:** I understand that the Aegis Health Group is required by law to notify my college if I do not comply with this Monitoring Agreement. In such cases, I authorize the Aegis Health Group to disclose the circumstances of my impairment and failure to comply for the safety of the public.

27. **VIOLENCE:** I understand any threats or acts of violence or harm toward the Aegis Health Group, including Aegis staff members, members of the Caduceus Aegis Group, and/ or anyone involved in the program may result in immediate dismissal from the program.

Required SIGNATURES:

PATIENT _____ DATE: _____

ADDICTION
SPECIALIST _____ DATE: _____