

PACIFIC ASSISTANCE GROUP
A PROFESSIONAL FAMILY THERAPY CORPORATION
PROFESSIONAL SUPPORT AND MONITORING

**AGREEMENT TO MONITOR
AT THE WORKSITE AND/OR HOSPITAL**

AGREEMENT FOR: _____ (Participant)

Introduction

The role of the worksite and/or hospital monitor (Monitor) is to ensure, to the extent possible, that the participant will conduct his/her practice with safety to the public and in a competent manner. The monitor is responsible for reporting to the Pacific Assistance Group Area Administrator any of the participant's behavior in the following areas:

Absenteeism, changes in personal habits, changes in practice performance, changes in interpersonal relationships, and changes in social behavior.

The monitor is also responsible for informing the Area Administrator / Case Manager whether, in his/her opinion, patient safety may be at risk. The monitoring function is important in assisting the participant to restore his/her personal and professional life. In order to provide this type of objective oversight, the monitor must not have any prior or current business, personal or other relationships with the participant that could reasonably be expected to compromise the ability of the Monitor to render fair and unbiased reports to the Pacific Assistance Group Monitoring & Support Program.

Expectations

Prior to agreeing to monitor the participant's practice, you must carefully review the Monitoring Agreement. You should also meet the participant so that both of you will have a clear understanding of the nature of the monitoring responsibilities. If you accept the monitor role, you will be expected to be at the participant's practice location at least weekly **to see the participant face-to-face**. You will also be expected to have regular contact with others at the participant's worksite(s), who may provide additional contact and insight into the participant's conduct at work.

You must report your observations to the Area Administrator using the Monitor's Quarterly Report (PAG-1B), once each quarter. **If you believe the participant is using drugs or alcohol in violation of his/her agreement, or that patient safety might be at risk, immediately contact the Area Administrator.** If you are no longer able or willing to monitor the participant, you must immediately notify the Area Administrator or Case Manager.

Reports - Due Dates

The monitor will submit a Monitor's Quarterly Report (PAG-1B), once each quarter to the Area Administrator regarding his/her observations of the participant. The monitor's Quarterly Report shall bear the monitor's original signature. The reports must be mailed or faced to the Area Administrator's office within 15 calendar days after the end of the preceding quarter as follows:

Reporting Time Period	Due No Later Than
January 1 to March 31	April 5
April 1 to June 30	July 5
July 1 to September 30	October 5
October 1 to December 31	January 5

I, _____, "Worksite Monitor", hereby agree to monitor
_____, (Participant) at the worksite and/or hospital.

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I understand and agree that: (Initial all that apply)

- I have read a copy of the Participant's Monitoring Agreement.
- I clearly understand the role of a Monitor and what is expected of me.
- I have no prior or current business, personal or other relationship with the participant that could reasonably be expected to compromise my ability to render fair and unbiased reports to the Monitoring Program / Area Administrator.
- I have reviewed and agree with the conditions of the Monitoring Plan. I agree to regularly submit written reports to the Area Administrator regarding my review of the participant's behavior and/or practice.
- If I am no longer able or willing to continue to monitor the participant, I agree to immediately notify the Area Administrator.

I have read the above **Worksite Monitoring Requirements** and **Agreement to Monitor**. I agree to comply with all provisions. I understand this form must be returned to the Participant's assigned area administrator within ten days of the close of each quarter.

Monitor's Printed Name

(Monitor's License Number, if applicable)

Monitor's Signature

Date

Monitor's Address

City Zip

Monitor's Office Telephone Number

Monitor's Cell Number (We must be able to reach you.)

Monitor's Email

Monitor approved by:

NAME PRINTED
AREA ADMINISTRATOR /

DATE

SIGNED

() _____ - _____
TELEPHONE

CITY STATE ZIP

() _____ - _____
FAX