

**PACIFIC ASSISTANCE GROUP**  
**PROFESSIONAL MONITORING & SUPPORT**  
Complete & return to your area administrator.

**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 whether, in his 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 15
April 1 to June 30	July 15
July 1 to September 30	October 15
October 1 to December 31	January 15

