

CONFIDENTIAL, PROTECTED BY EVIDENCE CODE 1157

**UC DAVIS MEDICAL CENTER
MEDICAL STAFF HEALTH COMMITTEE MONITORING AGREEMENT**

The Medical Staff Health Committee of the UC Davis Medical Center (UCDMC) has developed a supportive program for physicians working at UCDMC that is designed to protect the safety and welfare of our patients while aiding physicians who are suffering from substance abuse or dependence, or physical or mental health issues that impair their ability to work and function at their best. The success of the program is dependent upon a commitment by the physician to participate in all aspects of the program, and the ability of UCDMC to monitor the physician's progress.

The following serves to memorialize the terms and conditions of the monitoring agreement between XXX, M.D. ("Physician") and UCDMC.

1. Case manager. Physician may select a case manager with demonstrated expertise in the treatment of health professionals suffering from substance abuse or dependence. The case manager should have the ability to suitably monitor the Physician and refer the Physician for outpatient or inpatient treatment as needed. The selected case manager must be approved by the UCDMC Medical Staff Health Committee (Committee). In the event Physician fails to select a case manager, or the selected case manager is not approved by the Committee, the Committee may select the case manager for Physician. As recommended by the case manager or requested by the Committee, the case manager shall be responsible for the following types of activities: 1) obtaining appropriate laboratory tests, including periodic toxicology screens; 2) monitoring attendance at counseling sessions or support group such as a 12-step program, a health professional support group, licensed counseling sessions; 3) serving as a contact for the UCDMC Workplace Monitor; 4) providing monthly (or more frequent, if requested) written progress reports to the Committee; and 5) notifying the Committee and Chief Medical Officer (CMO) if s/he believes patient safety may be adversely affected by Physician's continuing active medical practice or if the Physician poses a physical threat to him/herself or others.
2. Authorization to release medical information. Physician shall complete the attached "Authorization to Release Medical Information" authorizing the treating provider and the licensed counselor to communicate regularly with the Committee and share information relating to Physician's participation and progress in the monitoring program. This information shall include, but is not limited to, Physician's personal health information (PHI) and the treating physician's impressions about Physician and Physician's progress.
3. Toxicology testing. Physician shall enroll in a professional toxicology testing program that will provide random bodily fluid testing the results of which will be sent to the treating provider and Physician. The selected toxicology testing program shall use an approved laboratory with an established chain of custody for samples. Screening will be for appropriate drugs of abuse or narcotic antagonist. If necessary, duplicate samples and witnessed sample screening will also occur.

4. Workplace assignment. If at any time Physician's treating provider and/or Committee determine that Physician is unable to safely practice medicine, some or all of Physician's responsibilities shall be immediately reassigned until the treating provider and Committee feel that patient safety is no longer at risk. Physician shall agree to perform whatever work assignments are determined by his/her Department Chair to be appropriate.
5. Workplace monitor. Dr. XXX or his designee at the VA and Kaiser hospitals will be appointed by the Committee to serve as the Workplace Monitors to observe the Physician on a daily basis to assess whether Physician may be impaired or unable to work safely. The Workplace Monitor shall immediately inform the Committee Chair if s/he observes any unusual or concerning behavior.
6. Self-prescribing. Physician shall not self-prescribe any medications while under this monitoring agreement. Physician shall have a personal primary care physician.
7. Relapse management. The response to a relapse may vary depending upon Physician's recovery history and the circumstances surrounding the relapse. The levels of relapse behavior include:
 - a. Level 1: behavior that might indicate a relapse without chemical use
 - b. Level 2: relapse with chemical use that is not in the context of patient care
 - c. Level 3: relapse with chemical use in the context of active medical practiceIn the event of a relapse, Physician shall immediately stop active patient contact and immediately notify the Committee or CMO. The relapse shall be reviewed by the Committee to determine what action should be taken, including referral to the appropriate administrative bodies within UC Davis. The appropriate notification to the Medical Board of California shall be determined by the CMO and Chief of Staff.
8. Effect of non-compliance. In the event Physician fails to comply with any requirement of this Agreement, or terminates his/her participation in the monitoring program against medical advice or refuses recommended treatment, the treating provider shall inform the Committee who will report it to the CMO and Physician's Department Chair. The CMO and Chief of Staff shall determine whether Physician shall be reassigned from active medical practice and what notification, if any, will be made to the Medical Board of California.
9. Duration of monitoring agreement. Physician's participating in the monitoring program begins 4/1/2009 and shall end 3/31/2012, assuming satisfactory progress and absence of relapse. This agreement shall be reviewed every six months by the Committee, with the right to make modifications as needed.
10. Cost of monitoring. All costs of Physician's participation in the monitoring program, including, but not limited to, costs for the treating provider, toxicology screens, licensed counselor, and twelve-step program, shall be the responsibility of Physician.
11. Confidentiality. The confidentiality of Physician's PHI and his/her participation in the monitoring program shall be protected at all times. Committee records shall be maintained separately from Physician's credentials file. The Committee shall inform the CMO and Physician's Department Chair of general information about Physician's condition as necessary, including his/her status related to participation in the monitoring program as well as ability to work safely, but will not otherwise share Physician's PHI.
12. Committee Chair rights. At all times, the Chair of the Committee shall have the right to act on behalf of the Committee on any matter until such time as the Committee has had an opportunity to vote on that matter.

By signing below, you have read and understand the above information and agree to comply with its terms.

Signature of Physician
Print Name: _____

Date: _____

Signature of Treating Provider
Print Name: _____

Date: _____

Signature of Committee Chair
Print Name: _____

Date: _____

Signature of Chief Medical Officer
Print Name: _____

Date: _____

Signature of Department Chair
Print Name: _____

Date: _____

Signature of Workplace Monitor
Print Name: _____

Date: _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____, authorize the following persons:
Print name of Medical Staff member

Treating provider: _____
UCDMC Medical Staff Health Committee Chair: _____

To release the medical information of:

NAME: _____ BIRTHDATE: _____
Print name of Medical Staff Member

ADDRESS: _____
Street Address, City, State, Zip Code

Please specify the health information you authorize to be released:

MEDICAL

MENTAL HEALTH

Type(s) of health information: Medical information obtained in the course of and for the purpose of the above-referenced person's participation in the UCDMC Medical Staff Health Committee's monitoring program.

Date(s) of treatment: _____

I specifically authorize the release of information pertaining to drug and alcohol abuse, diagnosis or treatment (42 C.F.R. §§2.34 and 2.35).

NOTICE: UCDMC and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS: This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party. You are entitled to receive a copy of this Authorization.

EXPIRATION OF AUTHORIZATION: Until revoked by you, this authorization will expire ten years from the date identified below.

Print Name of Medical Staff Member

Signature of Medical Staff Member

Date