

MONITORED TREATMENT PROGRAM AGREEMENT

I, _____, recognize that I suffer from a disease of alcoholism and/or chemical dependency, desire to enroll in a Monitored Treatment Program (MTP) during my recovery process. I agree to all of the following conditions:

1. I agree to completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers and all other mind-altering and or potentially addicting drugs and medications. In the event such medications may be needed as a legitimate part of my medical care, I agree to notify the program coordinator of the MTP immediately.
2. I agree to inform my personal physician, Dr. _____ or any other physician who becomes my primary personal physician, of the conditions of this agreement. I will request that he/she not prescribe any of the above medications for me unless there is no reasonable alternative medically. If he/she does prescribe such medications, I will ask him/her to inform the MTP. I give my permission for my personal physician to release information to the MTP and authorize the MTP staff to contact my personal physician.
3. I agree to obtain an initial physical examination from my personal physician and to get similar examinations on an annual basis as long as I'm a participant in the MTP. I authorize release of the examination results to the MTP Coordinator and authorize the MTP Coordinator to contact my personal physician.
4. I agree to inform any doctor, whom I might see on a consult basis, of my history of alcoholism and/or chemical dependency and of the conditions of this agreement, including permission to contact and/or release information to the MTP Coordinator.
5. I agree to inform my supervisor and at least one staff member (must be at the same certification level or higher), to act as a peer monitor, in my agency of my history of alcoholism and/or chemical dependency and of the conditions of this agreement, including permission to contact the MTP Coordinator if there is any concern about my using alcohol, drugs, or about my behavior. I give permission for the MTP staff to contact these individuals: _____ (Supervisor) and/or _____ (peer monitor).
6. I agree to administer narcotics or other mind-altering or potentially addicting drugs solely under supervision of a designated peer monitor from my agency, for a minimum of three (3) months.
7. I agree to inform my spouse/significant other _____, of the conditions of this agreement, including permission to contact the MTP Coordinator if there is ever any concern about my using alcohol, drugs, or about my behavior. I give permission for the MTP staff to contact my spouse/significant other.
Phone # _____ (W) _____ (H)
8. If available, I agree to attend a weekly meeting of recovering health care professionals. I understand that regular attendance is required.
9. I agree to submit in writing, my objectives for active participation in recovery and re-entry into prehospital practice to my supervisor. I understand that he/she will then share these with other members of the MTP staff, I also understand that these objectives will be kept on file with my other MTP data. I agree to submit objectives, as above, weekly for the



first two (2) months, bi-weekly for the next four (4) months and monthly for the six (6) month after that.

10. I understand that chemical monitoring is an internal part of this program, I, therefore agree to submit voluntarily, and without question, to random, urine and/or blood examinations as requested.
11. I understand that, in any instance in which it is believed by the MTP staff that I may be impaired in my practice, I will be reported to the County Health Officer and the Nor-Cal EMS Medical Director/MTP Coordinator.
12. I give permission for the MTP staff to make regular reports to the Nor-Cal EMS Medical Director and to confer with Nor-Cal EMS staff about my status.
13. I agree to obtain initial evaluation by a county/private drug and alcohol service counselor, to inform the counselor of the terms of this agreement, and request in writing that they send a copy of their evaluation to my personal physician.
14. I agree to attend regularly and to be active in the local Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meeting and to obtain a sponsor. I will give the specific information as to the number of weekly meetings and their location to the MTP staff via my objectives, and will furnish the MTP staff with the name of my sponsor within one (1) week of the date of entering into the MTP.
15. I agree to inform my AA/NA sponsor of the conditions of this agreement, including permission to contact the MTP Coordinator if there is ever any concern about my using alcohol, drugs or about my behavior. I give permission for the MTP Coordinator to contact my sponsor.
16. I agree to abide by the terms of this contract for a period of one (1) year. Thereafter, the contract will be reviewed on a _____ basis.
17. I agree that should I fail to adhere to the terms of this agreement, any/all certificate(s) as a prehospital provider will be revoked.
18. I understand that parts of this agreement may require drug/alcohol testing or physical examinations. The cost of these tests or examinations will be my responsibility.

_____	_____/_____/_____
MTP Participant Signature	Date
_____	_____/_____/_____
Witness Name/Signature	Date
_____	_____/_____/_____
Nor-Cal EMS CQI Coordinator Name/Signature	Date
_____	_____/_____/_____
Nor-Cal EMS Medical Director Name/Signature	Date

