

**WORKSITE AND/OR HOSPITAL MONITORING AGREEMENT**

MONITORING AGREEMENT FOR: \_\_\_\_\_

DATE OF AGREEMENT: \_\_\_\_\_

The role of the worksite and/or hospital monitor (Monitor) is to ensure, to the extent possible, that Participant conducts his/her practice competently, professionally, and with primary concern for public safety. The Monitor will report any changes or concerns regarding Participant's behavior to the Pacific Assistance Group Program Administrator (PPA).

The following are areas of particular importance for monitoring purposes, but any behavioral changes or concerns should be reported: ***Absenteeism, personal habits, practice performance, interpersonal relationships, and social behavior.***

The Monitor is responsible for informing the PPA (or designated PAG Case Manager) whenever he/she has reasonable concern that patient safety may be at risk. Such Monitoring helps 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 relationship with the Participant that could reasonably be expected to compromise the ability of the Monitor to render fair and unbiased reports to the PPA.

**Monitor Responsibilities**

Prior to agreeing to be Participant's Worksite/Hospital Monitor (WSM), you should review this Monitoring Agreement and meet the Participant so you each have a clear understanding of Monitoring responsibilities. As WSM, you are expected to be at Participant's practice location at least weekly to see Participant face-to-face. You are also expected to have regular contact with others at Participant's worksite/s, who may provide additional contact and insight into the Participant's work conduct.

As WSM, you will report your observations to the PPA on a Quarterly basis, using Monitor's Quarterly Report (attached). **If you believe Participant is using drugs or alcohol in violation of his/her agreement, or demonstrates any other behavior of concern such that patient safety could be at risk, immediately contact the PPA.** If you are no longer able or willing to monitor Participant, you must immediately notify the PPA or PAG Case Manager.

**Reporting Dates**

Quarterly Worksite/Hospital Monitor’s Report (attached) are requested per the following schedule. The WSM Quarterly Report must have the WSM’s original signature. Reports must be mailed or faxed to the Area Administrator’s office within 10 calendar days after the end of the preceding quarter as follows:

| Reporting Time Period  | Due No Later |
|------------------------|--------------|
| January 1 to March 31  | April 10     |
| April 1 to June 30     | July 10      |
| July 1 to September 30 | October 10   |
| October 1 to December  | January 10   |

**The Participant is responsible for making sure Quarterly reports are completed on time and may request that Monitor complete them near the end of each reporting period.**

By signing this document, I acknowledge having read it entirely and agree to serve as Worksite/Hospital Monitor for Participant. I will follow all the required guidelines in serving as Worksite/Hospital Monitor. I understand and agree that: (Initial all that apply).

- \_\_\_\_\_ I have received and 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 Participant that could reasonably be expected to compromise my ability to render fair and unbiased reports to the PPA or Case Manager/s.
- \_\_\_\_\_ I agree to regularly submit written reports regarding my review of Participant’s behavior and/or practice. I will submit reports by the due dates and send these to the PPA or Case Manager/s.
- \_\_\_\_\_ If I am no longer able or willing to continue to monitor the participant, I agree to immediately notify the PPA.

|  |   |
|--|---|
| _____                                    | _____                                   |
| Monitor’s Printed Name                   | Monitor’s License Number, if applicable |
| _____                                    | _____                                   |
| Monitor’s Signature                      | Date/Time                               |
| _____                                    | _____                                   |
| Monitor’s Contact Work and Cell Phone #s | Email                                   |
| _____                                    | _____                                   |
| Monitor’s Office Address                 | City/Zip/State                          |
| _____                                    | _____                                   |
| PAG Program Administrator                | Date/Time                               |