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

AGREEMENT FOR: _____ (Participant)

Introduction

The role of the worksite and/or hospital monitor (WSM) 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 WSM is responsible for reporting to the Pacific Assistance Group (PAG) 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 WSM 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 WSM 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 WSM to render fair and unbiased reports to the PAG 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 WSM 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 WSM will submit a Monitor's Quarterly Report Form once each quarter to the Area Administrator regarding his/her observations of the participant. This Quarterly Report shall include the WSM's original signature. The reports must be mailed or faxed to the PAG Area Administrator and/or Case Manager'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

I, _____, "Monitor/WSM", hereby agree to monitor
_____, M.D. at the worksite and/or hospital.

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 WSM 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 PAG Support and 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 PAG Area Administrator/Case Manager regarding my review of the participant's behavior and/or practice. The due dates and required content of these reports are detailed in the Monitoring Plan.
- If I am no longer able or willing to continue to monitor the participant, I agree to immediately notify the PAG Area Administrator and Case Manager.

I have read the above **Worksite Monitoring Requirements and Agreement to Monitor**. I agree to comply with all provisions.

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

Monitor's Email

Monitor approved by:

Area Administrator

Date