

 Partners in a healthy workplace

 **RECOVERY MANAGEMENT AGREEMENT**

The following recovery management agreement is undertaken between:

**Client**: **DOB:**

**Primary Care Provider/Family Doctor**

**Addiction Specialist:** (Independent Medical Evaluation, Vancouver): Dr.

**The above-mentioned parties enter into this agreement to ensure a safe and successful return to the workplace.**

As the CLIENT, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enter this agreement for a period of\_\_\_\_ months.

## A: **Abstinence**

I agree to:

Remain abstinent from alcohol and all other mood altering illicit substances and certain prescription drugs.

Avoid mood altering prescription medication such as tranquilizers, sleep aids and painkillers. If you are unsure if a medication is acceptable, we welcome your phone call to confirm.

Accept that all medical prescriptions taken must be approved by the Addictions Specialist.

No over the counter preparations should be taken without the prior authorization of the Addiction Specialist. The only exceptions to this rule include:

* **Acetylsalicylic acid (ASA) or aspirin**
* **Acetaminophen or Tylenol plain**
* **Ibuprofen, Naproxen, or Advil**

**NO products/medication containing codeine should be consumed.**

 **Initial: \_\_\_\_\_**

## B: **Information**

Be advised that natural poppy seeds contain trace amounts of opiates or morphine and can cause your urine to test positive. Therefore, please avoid products particularly bakery products and salad dressings with poppy seeds.

 Be advised that alcohol based preparations such as hand sanitizers, perfumes or colognes, alcohol based products such as naturopathic tinctures, mouthwash, particularly if used repeatedly, can potentially lead to a urine sample or breathalyzer testing positive for alcohol or its metabolites. It is therefore strongly recommended that these products be used sparingly if at all.

Failure to properly verify medications (by prescription or otherwise) prior to consumption can lead to increased risk of relapse as well as result in positive drug screens and is the sole responsibility of the client.

**Warning:**

 “Near Beer” and some “de-alcoholized” wines contain small amounts of alcohol and can lead to a positive urine drug screen.

Many cough and cold medications contain products that increase the likelihood of a relapse and/or could cause a failed drug screen.

##  **Initial: \_\_\_\_\_**

## C: **Monitoring Requirements**

Routine visits with the Arbutus monitor are required.

I agree to:

Attend these visits at:

* + The Arbutus Workplace Office or
	+ By telephone or internet/video-link

*The frequency of these visits/sessions may be adjusted according to the judgment of the Arbutus monitor and/or Addiction Specialist and in accordance with the monitoring program/level chosen and specific circumstances.*

Attend medical appointments with my primary care provider as required. If a relationship with a primary care provider is not yet established, I will make every effort to seek the services of a primary care provider as soon as possible. I will inform the Addiction Specialist when I have obtained the services of Primary Care Provider.

 **Initial: \_\_\_\_\_\_**

I agree to attend regular aftercare alcohol and drug counselling. The contact information of this counsellor will be submitted to the Arbutus Monitor and he/she maybe asked to confirm your attendance with this counsellor.

To attend for random biological screening for the use of substances through use of urine screens, breath sampling, hair analysis and other methods as deemed necessary by the Arbutus Work Solutions monitor or Medical Review Officer.

When requested by the Arbutus monitor, I will provide a *minimum* of 24 random urine samples in a 12-month period and agree to do so, at the discretion of the monitor within 4 hours to24 hours of the request. If providing a breath sample using SoberLink TM I will provide the breath sample within 1 hour of the request.

 I agree to maintain my scalp hair at a minimum length of 1 inch for the purposes of monitoring.

To attend a minimum of 3 recovery focused meetings per week. Examples of such meetings are AA or NA. Other mutual support groups such as after care programs of treatment centres may be acceptable in consultation with the Addiction Specialist and/or the Arbutus Work Solutions monitor. If participating in a 12 Step program, I agree to identify a home group and regularly contact a sponsor of the same sex.

 **Initial: \_\_\_\_\_**

D: **Legal and Medical-legal Considerations**

I agree:

That should I have difficulty maintaining abstinence, I will report any substance use such as alcohol, illicit drugs, or unauthorized prescription use to the Arbutus monitor as soon as possible so that remedial action can be instituted without delay and that I will report any legal interactions involving alcohol and drugs.

That my primary care provider will be made aware of this recovery management agreement and encouraged to participate in the various clauses contained in this agreement.

To allow the Arbutus Monitor to review my Pharmanet profile on a regular basis to ensure compliance with the terms and conditions of this agreement.

 **Initial: \_\_\_\_\_**

## E: **Personal Accounting of Recovery Activity**:

I agree to:

To maintain and regularly produce a recovery activity log or journal. Such journals will document meeting attendance, sponsor contact, attendance at alcohol and drug counselling, and any other recovery supporting activities. Journal entries should include the date, time and location of such activities and may require corroboration. These entries must be submitted when requested by the Arbutus Monitor.

 **Initial: \_\_\_\_\_\_**

I acknowledge having reviewed this agreement that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

fully understand my obligations with respect to this agreement and have been provided with a copy of same. Failure to agree to any part of this documents constitutes non-compliance and is therefore reportable to my employer/agency. I consent to allow the full exchange of information between Arbutus Work Solutions, my employer and my disability provider.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Client**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Provider/Family Physician**

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**Addiction Specialist**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Arbutus Work Solutions Monitor**

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