

 Partners in a healthy workplace

 **REPORTING REQUIREMENT AGREEMENT**

 **BETWEEN**

**Client: And**

**Addiction Specialist: Dr. Robert N. Baker, Medical Review Officer and Arbutus Work Solutions Monitors: Donna Lee Sundby or Guylene Shaw**

 **And**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **And**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above-mentioned parties recognizing that safety in the workplace is paramount and agree to the following reporting arrangement.**

**CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gives the Medical Review Officer, Dr. Robert N. Baker and/or Donna Lee Sundby and/or Guylene Shaw permission to report to:**

**EMPLOYER/AGENCY: on a regular basis with respect to my progress in recovery from chemical dependency. Such reports may include:**

**1. A summary of recovery activities including 12 Step meeting attendance**

**2. Attendance at alcohol and drug counseling activities**

**3. The results of any formal drug screen testing**

**4. A professional opinion from the monitoring physician with respect to my overall progress**

**In addition to regular reporting, CLIENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understands that should there be significant concerns, Dr. Baker is obliged to report them to my employer as soon as reasonably possible.**

**Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BC,**

**This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_**

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

**Signature (CLIENT)**

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

**Signature (ARBUTUS WORK SOLUTIONS)**

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