



**Contract between Workplace Monitor, Licensee, and Delaware Professionals' Health Monitoring Program**

As the workplace monitor of **Name & Creds of Licensee**, I am aware of the following restriction(s) and/or conditions for safe practice on his/her healthcare practice at **Employer Name**:

All other terms and conditions as outlined below are in effect until revision and review occurs. I acknowledge by signing this document that I have reviewed this contract with the licensee and we both agree with the following:

- I confirm that **Licensee** has informed me of participation in the Delaware Professionals' Health Monitoring Program (DPHMP) and I have reviewed the monitoring agreement and addendum to the monitoring agreement.
- I agree to immediately notify DPHMP of any concerns regarding this licensee's practice, behavior or conduct.
- I will submit monthly written reports using the template provided by the DPHMP.
- If there are significant performance problems in the workplace, I will immediately notify DPHMP, remove licensee from the workplace setting, and request drug screens as appropriate.
- I understand that the DPHMP will communicate with me and share any concerns regarding compliance issues with licensee's monitoring agreement.
- I understand that licensee must test on the same day that licensee has been notified of a scheduled to test and may be limited by collection site hours.
- I agree to notify the DPHMP agreement monitor of any changes of this licensee's employment status within 3 days of occurrence.
- I understand that this contract will be reviewed annually from the date of signing and revisions will occur as agreed upon with the DPHMP, the licensee, and myself.
- I confirm that I will abide by the terms and conditions of this contract and keep this license's participation in the DPHMP confidential. I will limit the persons who know of his/her status to those individuals with a need to know in order to assure the terms and conditions of this contract are met.

**X**  
\_\_\_\_\_  
**AM Name/creds**  
*HPSP Agreement Monitor*

**X**  
\_\_\_\_\_  
**Lic Name/creds**  
*DPHMP Licensee ID #*

**X**  
\_\_\_\_\_  
**WM Name/Creds**  
*Workplace Monitor*

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

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

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

**Encl:** Workplace Monitor Monthly Safe-Practice Report Template

**CC:** Licensee's file

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