

# Table of Contents

|   |    |
|---|----|
| <b>WELCOME!</b> .....   | 1  |
| <b>MISSION OF PEER ASSISTANCE SERVICES, INC.</b> .....  | 1  |
| <b>INTRODUCTION TO PEER ASSISTANCE SERVICES, INC.</b> .....   | 1  |
| <b>PURPOSE OF THE REHABILITATION PROGRAM</b> .....  | 1  |
| <b>ALTERNATIVE TO DISCIPLINE PROGRAM OVERVIEW</b> .....   | 2  |
| <b>DPAP – The alternative to discipline program created in statute for the State Board of Dental Examiners</b> .....            | 2  |
| <b>PHAP – The alternative to discipline program created in statute for the State Board of Pharmacy</b> ...                      | 2  |
| <b>FFS – A monitoring program offered for licensed professionals with no statutory alternative to discipline programs</b> ..... | 2  |
| <b>CLIENT RIGHTS AND RESPONSIBILITIES</b> .....   | 2  |
| <b>Rights</b> .....   | 2  |
| <b>Responsibilities</b> .....   | 2  |
| <b>PEER ASSISTANCE SERVICES OFFICE INFORMATION</b> .....  | 3  |
| <b>REHABILITATION CONTRACT</b> .....  | 4  |
| <b>Contract Compliance Monitoring</b> .....   | 4  |
| <b>REQUEST FOR REHABILITATION CONTRACT CHANGES</b> .....  | 4  |
| <b>CLIENT REPORTING AND COMMUNICATION</b> .....   | 5  |
| <b>Release of Information/Consent Forms</b> .....   | 5  |
| <b>ASSESSMENT AND TREATMENT</b> .....   | 6  |
| <b>Family Treatment</b> .....   | 6  |
| <b>MOOD/MIND ALTERING SUBSTANCES</b> .....  | 7  |
| <b>URINE DRUG SCREENING (UAS)</b> .....   | 7  |
| <b>Dilute Specimens</b> .....   | 8  |
| <b>Missed Specimens</b> .....   | 8  |
| <b>Reasonable-Cause Drug Screens</b> .....  | 8  |
| <b>Positive Urine Screening Results</b> .....   | 8  |
| <b>Inclement Weather</b> .....  | 8  |
| <b>12-STEP AND SELF-HELP GROUP ATTENDANCE</b> .....   | 8  |
| <b>PEER SUPPORT GROUPS (PSG)</b> .....  | 9  |
| <b>RETURNING TO PRACTICE</b> .....  | 9  |
| <b>RESTRICTIONS ON PRACTICE</b> .....   | 9  |
| <b>CHRONIC PAIN MANAGEMENT</b> .....  | 9  |
| <b>Pain Management Agreement</b> .....  | 10 |
| <b>REFERRAL TO BOARD AND/OR REC</b> .....   | 10 |
| <b>TRAVEL POLICY</b> .....  | 11 |
| <b>MANDATORY MEETINGS</b> .....   | 11 |
| <b>LENGTH OF PROGRAM</b> .....  | 11 |
| <b>DISCHARGE CRITERIA</b> .....   | 11 |
| <b>WITHDRAWAL/DISMISSAL FROM PROGRAM</b> .....  | 11 |
| <b>MOVING OUT OF STATE</b> .....  | 12 |
| <b>COST AND FEES</b> .....  | 12 |
| <b>CLIENT OUTCOMES</b> .....  | 12 |

**Welcome!**

This handbook provides information that will support clients in understanding their roles and responsibilities with the rehabilitation program and/or their respective Alternative to Discipline Programs offered by their respective regulating Board.

Please read this handbook carefully. This handbook outlines the policies and procedures for participation in the program. Clients are responsible for understanding and complying with their individual rehabilitation contracts and other subsequent documents. For further clarification of the information provided in this handbook, please contact your assigned case manager at 1-866-369-0039 or 303-369-0039.

Peer Assistance Services, Inc. (PAS) provides an alternative to discipline program for licensed professionals with the Colorado Board of Dental Examiners and the Colorado Board of Pharmacy and a monitoring program with other regulated Boards. The “rehabilitation program” refers to the Dentist Peer Assistance Program (DPAP), Pharmacy Peer Health Assistance Program (PHAP), and Fee for Service (FFS).

The rehabilitation program provides for rigorous long-term monitoring of each client and may feel overwhelming at first. As a client progresses through the program, contractual obligations decrease, pending full compliance with the rehabilitation contract. Urine screening, practice restrictions, treatment, and the documentation required of each client will validate recovery and ability to practice with reasonable skill and safety.

**Mission of Peer Assistance Services, Inc.**

Peer Assistance Services, Inc. (PAS) is dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

**Introduction to Peer Assistance Services, Inc.**

Peer Assistance Services, Inc. is a statewide, non-profit 501(c)(3) organization founded in 1984. PAS was founded to serve RNs and LPNs with substance use disorders and related problems. The agency was then awarded contracts from the State Board of Pharmacy in 1991 and the State Board of Dental Examiners in 1993 to provide case management services for pharmacists and dentists through their Diversion Programs. Originally incorporated as N.U.R.S.E.S. (Nurses United for Recovery, Support, and Education Successfully) of Colorado Cooperation, the organization changed its name in 1994 to Peer Assistance Services, Inc. to better reflect the work of the agency. PAS has dedicated itself to substance abuse and related issues for 25 years.

**Purpose of the Rehabilitation Program**

Safe, caring and confidential, the rehabilitation program boasts a peer-assisted approach that has helped hundreds of dentists, pharmacists, and other licensed healthcare professionals. The program enhances the missions of the Colorado Board of Dental Examiners (CBDE), State Board of Pharmacy (SBOP), and other regulated Boards, to safeguard the public, rehabilitate healthcare professionals, and avoid increasing the disciplinary caseload. The program provides a continuum of prevention and intervention services to address various personal problems that may affect practice through comprehensive assessment, referral to treatment, and rehabilitation contracts with rigorous monitoring.

## **Alternative to Discipline Program Overview**

### **DPAP – The alternative to discipline program created in statute for the State Board of Dental Examiners**

- Provides assistance and education to dentists concerning recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides for intervention.
- Is a recognized peer health assistance organization under the Colorado Dental Practice Act.
- Is a program that allows dentists to demonstrate safe dental practice through formal monitoring.
- Please see the Colorado Dental Practice Act for more information.

### **PHAP – The alternative to discipline program created in statute for the State Board of Pharmacy**

- Provides assistance and education to pharmacists and students of pharmacy concerning recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides for intervention.
- Is a recognized peer health assistance organization under the Colorado Pharmacy Practice Act.
- Is a program that allows dentists to demonstrate safe pharmacist practice through formal monitoring.
- Please see the Colorado Pharmacist Practice Act for more information.

### **FFS – A monitoring program offered for licensed professionals with no statutory alternative to discipline programs**

- Provides assistance and education to various healthcare professionals concerning recognition, identification, and prevention of physical, emotional, psychiatric, psychological, drug abuse, or alcohol abuse problems and provides for intervention.
- Is a program that allows various healthcare professionals to demonstrate safe practice through formal monitoring.

## **Client Rights and Responsibilities**

### **Rights**

- To be treated with respect and dignity.
- To confidentiality in accordance with state and federal guidelines.
- To terminate participation at any time and to be informed of the consequences.

### **Responsibilities**

- To assume personal responsibility for participation and progress by:
  - ♦ Adhering to the terms of the rehabilitation contract.
  - ♦ Following treatment recommendations.
  - ♦ Being accountable to oneself and to their profession.

## **Role of Case Managers**

- Provide support and information to clients.
- Assess and refer clients to appropriate treatment.
- Act as liaisons between clients, treatment providers, employers, and the State Boards.
- Monitor client's work performance, program compliance, and overall progress.
- Provide education for clients' professional communities.

## **Peer Assistance Services Office Information**

Address: 2170 S. Parker Road, Suite 229, Denver, CO 80231

Office hours: Monday-Friday from 8:00 a.m. to 5:00 p.m.

Phone: (303) 369-0039 or (866) 369-0039

Fax: (720) 213-1007

Web: [www.peerassistanceservices.org](http://www.peerassistanceservices.org)

24-hour information line: (303) 392-4098

*When calling the 24-hour information line please leave a number where you can be reached and our on-call staff will return your call within 2 hours. Once you have left a message for on-call staff, please deactivate anonymous call rejection by pressing \*87 on your handset.*

## Getting Started

All clients who require monitoring must sign a rehabilitation contract. Clients agree to follow the terms of their rehabilitation contract and subsequent documents. Each contract is tailored to the individual client utilizing proven rehabilitation techniques. This handbook outlines the terms of the rehabilitation program and should be used as a reference to supplement the rehabilitation contract and other program documents. For any questions about the rehabilitation contract or this handbook, please contact your case manager.

The case managers guide clients through gradual phases of rehabilitation. The process provides clients with varying degrees of structure throughout the monitoring process. Rehabilitation contract requirements and monitoring fluctuate throughout the phases based on individual client needs. The process provides stringent monitoring and strong support on an individual basis throughout the entire contract period. The intent is that as a client progresses through the stages of monitoring, contract requirements are gradually decreased to guide clients toward more independent functioning and program discharge.

## Rehabilitation Contract

It is the client's responsibility to thoroughly read and understand the terms of the rehabilitation contract. Clients are responsible for complying with all contract terms and all subsequent addendum/modifications over the designated period of the contract.

### Contract Compliance Monitoring

- Clients maintain compliance by adhering to all rehabilitation contract requirements including but not limited to:
  - ♦ Completing, signing, and maintaining current releases of information.
  - ♦ Following through with referrals to therapists, pain specialists, psychiatrists, evaluators, treatment centers, or other third-party providers as requested.
  - ♦ Timely submission of all monthly and quarterly paperwork.
  - ♦ Following the urine drug testing schedule and providing valid negative test results at the assigned frequency.
  - ♦ Following 12 consecutive months of full compliance with rehabilitation contract requirements, clients may request to have their case manager reevaluate their requirements. The case manager and/or the State Board of Pharmacy Rehabilitation Evaluation Committee (REC) may modify contract requirements on a case-by-case basis to allow for less rigorous monitoring.
  - ♦ In the event of a relapse or non-compliance with the rehabilitation contract, the client's contract requirements will be modified as appropriate. Client rehabilitation contract requirements will be changed to provide the necessary structure based on the individual circumstances of the event.
- Failure to comply with all contract terms may result in referral to the Board and/or REC.

### Request for Rehabilitation Contract Changes

All requests for contract changes must be submitted in writing to your case manager.

Contract changes will only be considered after a client has demonstrated compliance with all rehabilitation contract requirements for 12 months prior to the initial request.

Clients may be asked to provide supporting documentation regarding the request from therapists, employers, etc.

Approved contract changes will be communicated to clients via a contract addendum/modification. The addendum/modification will be mailed to the client for signature and then should be returned to your case manager within 7 days of receipt.

All rehabilitation contract requirements remain in place and must be adhered to until officially changed by the case manager and/or REC and the client is in receipt of a completed, signed addendum/modification.

### **Client Reporting and Communication**

Failure to provide reports, documentation, and other information as outlined below is considered technical non-compliance and may result in referral to the Board and/or REC.

- Clients must submit all required reporting by their assigned due date.
  - DPAP client due dates:
    - The 7<sup>th</sup> of each month or quarterly (Jan., April, July, Oct.)
  - PHAP client due dates:
    - The 15<sup>th</sup> of each month or quarterly (Feb, May, Aug, Nov.)
  - FFS client due dates:
    - The 30<sup>th</sup> of each month or quarterly (Jan, April, July, Oct)
- Clients are responsible for maintaining communication with their case manager, treatment/healthcare provider(s), and employer, including notifying their case manager in writing of:
  - Receipt or use of prescriptions within 24 hours.
  - Change in treatment/healthcare providers within 72 hours.
  - Change of address/phone numbers within 72 hours.
  - Change of employment within 72 hours.
  - Change of supervisor/practice monitor within 72 hours.
  - Change of sponsor within 72 hours.
- Clients must complete and submit all other requested information to their case managers in a timely manner.

### **E-mail Communication**

- Please note that e-mails are accepted, however this form of communication is not secure and confidentiality cannot be guaranteed.

### **Website Updates**

- Please check the PAS website [www.peerassistanceservices.org](http://www.peerassistanceservices.org) for changes, updates, and announcements related to Peer Support Groups, inclement weather, etc. Current/updated client forms are also available on this site.

### **Release of Information/Consent Forms**

Clients must complete any release of information/consent form needed to permit disclosure. Failure to complete required forms is considered contract non-compliance and may result in referral to the Board and/or REC.

With appropriate release/consent, PAS exchanges information with treatment providers, employers, sponsors, drug/alcohol test sites, criminal justice authorities, the Board and/or REC, and emergency contacts.

Please see your case manager for appropriate release of information/consent forms.

### **Assessment and Treatment**

All clients are initially assessed by a qualified program case manager. If deemed necessary and instructed by a case manager, clients must obtain additional evaluations and/or treatment by qualified, PAS-authorized, licensed providers. The frequency of visits to the provider is outlined in the rehabilitation contract. These providers may include, but are not limited to:

- Medical doctor
- Psychiatrist
- Psychologist
- Eating Disorder Specialist
- Pain Management Specialist
- Addiction Specialist
- Neuro-Cognitive Specialist

If necessary, clients must participate in and complete a formal treatment program, including but not limited to:

- Residential treatment
- Inpatient treatment
- Intensive outpatient treatment
- Outpatient treatment
- Aftercare/continuing care for a minimum of 52 sessions

If necessary, clients must participate in individual and/or group therapy sessions. The frequency of therapy is dependent on the outcome of the initial assessment and input from third-party providers.

All clients must successfully complete appropriate treatment. Clients who do not successfully complete treatment may be referred to the Board and/or REC. As a part of a treatment program, clients may be required to use monitored medications (such as Antabuse, Methadone, etc.). This is another way of providing external support to a client in recovery. Clients may be required to document the administration of these medications on the Medication Log Form.

All additional assessment and treatment costs are the sole responsibility of the client.

### **Family Treatment**

PAS recognizes that a client's problem affects everyone in a family system. Though not required, we encourage family participation in treatment and self-help groups where appropriate. Participation in these activities is supportive to the client and helpful in the recovery of family members as well.

## **Mood/Mind Altering Substances**

Clients must abstain completely from the use of all mood/mind altering substances unless prescribed by a duly authorized physician/dentist with valid proof of prescription. Potentially addicting substances include, but are not limited to alcohol, illicit substances, controlled substances (with or without a prescription), uncontrolled substances (prescription or over-the-counter medications that contain alcohol or other substances with abuse potential). Please refer to item 1 on your rehabilitation contract.

If medication is prescribed for any purpose, clients must fax prescriptions to their case manager within 24 hours of receipt of the prescription (fax to 720-213-1007). Failure to disclose prescriptions at the time they are obtained or unreported use of mood/mind altering medications may result in referral to the Board and/or REC and disciplinary action may be taken.

*Please refer to the Talbott Recovery Campus Medication Guide for a comprehensive listing of potentially addicting medications, substances containing alcohol, and safe alternatives. Please see your case manager or download it at [http://www.talbottcampus.com/health\\_medguide.php](http://www.talbottcampus.com/health_medguide.php)*

### **Please Note:**

- Poppy seeds and hemp seeds/oil products are substances that may cause a positive drug test result. Eating these products will not excuse a positive drug screen, therefore clients must not eat these foods.
- Alcohol-containing products will cause a positive drug test. Clients must abstain from alcohol including over-the-counter medications containing alcohol, such as liquid cold medications, alcohol-based mouthwashes, and food containing alcohol.
- Certain hand sanitizers have also been known to produce a positive test.

## **Urine Drug Screening (UAs)**

If required as part of your rehabilitation contract, clients must submit to random urine screenings for drug/alcohol use. Peer Assistance Services retains the right to modify the urine screening requirements as necessary.

- Urine screenings are tangible evidence of a client's sobriety.
- Urine screens are the responsibility of the client.
- Clients are responsible for understanding the program's urine drug screening guidelines.
- Clients must call their assigned color-line seven days a week between the site's specific hours of operation.
- Clients must provide a urine specimen for screening as requested by the random system, collection site, or case manager.
- Specimens must be provided on the day of the random request.
- All specimen collections must be witnessed by a same-sex observer.
- Clients should retain a copy of all chain of custody forms when submitting a drug/alcohol screen.

**Dilute Specimens**

Urine specimens with low creatinine levels are too dilute to prove a negative test result, therefore, dilute urines are considered a POSITIVE drug test.

In the event of a dilute specimen, case manager will call client and have the client submit another urine specimen and provide a written explanation of what the client believed caused the specimen to be dilute. Client will be required to maintain a hydration log for one month.

To avoid producing dilute specimens, do not consume any more than 8 ounces of any fluid 2 hours prior to providing a urine specimen.

Multiple dilute tests may result in a referral to the Board and/or REC.

**Missed Specimens**

Failure to provide a specimen for drug screening is considered a POSITIVE result and will likely result in a referral to the Board and/or REC. It is not at the discretion of the collection site nor the client to “approve” missed urines.

**Reasonable-Cause Drug Screens**

Client may be requested to submit to urine screens at any time for reasonable cause. Reasonable-cause specimens must be submitted within two hours of the request. If a narcotic discrepancy occurs at work, the client will submit a drug/alcohol test on the same day of the discrepancy. Employers may request additional drug/alcohol screens in accordance with facility policy.

**Positive Urine Screening Results**

Client will be notified when positive screens are received. Clients with positive test results must immediately cease practice and submit another urine screen within four hours of notification from their case manager, and meet with case manager for reassessment prior to returning to practice. Clients must be approved by their case manager to return to practice. Positive results are considered as non-compliance with the rehabilitation contract and further action will be taken.

**Inclement Weather**

In the event we experience weather that prohibits you from getting to your UA site or if the UA site is closed, please contact your case manager for further instruction. Should the PAS office be closed, please call on-call staff on the 24-hour information line at 303-392-4098.

For more details on urine drug screening, please refer to the [Urine Screening Standards](#) for more details.

**12-Step and Self-Help Group Attendance**

If required as part of your rehabilitation contract, clients must participate in 12-step group meetings, or its equivalent. These groups may include Alcoholics Anonymous, Narcotic Anonymous, Overeaters Anonymous, Bipolar/Depression, Grief and Loss, Life Ring, etc. Daily 12-Step meetings or equivalent may be required for 90 consecutive days or following relapse. Attendance is recorded on Monthly Attendance Sheets.

## **Peer Support Groups (PSG)**

If required as part of your rehabilitation contract, clients must participate in Peer Support Groups. These are confidential forums and are modeled on a system of colleague helping colleague. Peer support groups are not intended to replace treatment, therapy, or self-help groups. Groups convene for one hour and begin and end on time.

Groups are confidential. What is said in the group stays in the group. The exception to this is evidence of danger to self or others. If a group participant demonstrates an imminent danger to self or others, please confer with the facilitator or contact a PAS staff member, 303-369-0039 or 1-866-369-0039 (during regular business hours) or 303-392-4098 (24-hour information line).

No childcare is provided. Please make other arrangements for your children. Attendance is recorded on Monthly Attendance Sheets.

Please see the [Peer Support Group \(PSG\) Guidelines for Participants](#) for more details.

## **Returning to Practice**

All positions in which a license is required must be discussed and approved by your case manager, Board, and/or REC prior to accepting employment.

Upon approval, a [Return to Practice Agreement](#) must be completed and signed by you, your case manager, and your supervisor prior to the first day of work. Students of Pharmacy who hold an intern license must complete a return to practice agreement.

Supervisors are required to submit a [Supervisor Report](#) on a monthly basis. Please see page 5 for reporting due dates. For clients that are practice owners, primarily dentists, or otherwise have no direct supervisor, a [Practice Monitor](#) must be utilized. Please see the Practice Monitor requirements and forms.

Failure to notify your case manager of employment in your profession or failure to complete a Return to Work Agreement is considered contract non-compliance and may result in referral to the Board and/or REC.

## **Restrictions on Practice**

Restrictions are enforced to help assure safe practice. Modification of any restriction will occur only as discussed and mutually agreed upon by the case manager, employer, treatment provider(s), Board and/or REC.

Please see your [Return to Practice Agreement](#) for individual restrictions.

## **Chronic Pain Management**

Clients with conditions requiring the long-term use of mood/mind altering medications must sign the Chronic Pain Management Agreement.

The Chronic Pain Management Agreement outlines how the client facilitates his or her health care between the Pain Management Provider and other treatment/medical providers.

A client who signs the Chronic Pain Management Agreement must comply with all requirements set forth in the Pain Management Plan.

### **Pain Management Agreement**

- Agreement to comply with the Pain Management Plan as developed with the Pain Management Provider and therapist/treatment provider(s). The Pain Management Plan must include:
  - ♦ Identification of pain precipitants and stressors.
  - ♦ Use of non-pharmacological, non-opioid analgesic interventions to manage the pain.
  - ♦ The inclusion of adjunctive approaches to the management of pain, which may include acupuncture, massage, physical therapy, and other appropriate measures.
  - ♦ Clear indications for when the client shall use the mood/mind altering medications
  - ♦ A plan to handle break-through pain.
- All mood/mind-altering medications shall be a limited quantity of the prescription, no automatic refills, no mail-order, no phone or call-in refills. Clients must see their Pain Management Provider for all refills.
- All medications prescribed must have the approval of the therapist/treatment provider(s).
- Agreement to use only one pharmacy for all medications and refills.
- Agreement not to use emergency departments for the management of chronic pain and to have a specific plan for managing break-through pain.
- Agreement not to procure medications from family and friends or divert medications from the workplace.

Consult your case manager for specific details about the [Chronic Pain Management Agreement](#).

### **Referral to Board and/or REC**

Regardless of the status of involvement with the program (board-ordered or voluntary), program staff may refer a client to the Board and/or REC if staff cannot assure that the client is safe to practice with reasonable skill and safety. A client's identity and other relevant information may be reported under the following conditions:

- Have positive drug screens.
- Consistent noncompliant with their rehabilitation contracts.
- Withdraw from the rehabilitation program.
- Work using professional license without informing case manager.
- Are considered unable to practice with reasonable skill and safety.
- Endanger patients or compromise patient safety.
- Move to another state without case manager and Board/REC permission.

## **Travel Policy**

- Clients must submit a Travel Request Form to their case manager two weeks prior to travel. Exceptions will be considered for emergency travel situations.
- Client will remain in compliance with all other requirements of the rehabilitation contract.
- Client may be required to submit a urine specimen the day before leaving and the day after returning from travel.
- Client will notify therapist, supervisor, and collection site of travel plans.

Domestic and International travel requests are reviewed and approved by case manager and/or REC on a case-by-case basis.

## **Mandatory Meetings**

Mandatory meetings were designed to provide clients with a forum to network with other clients involved in the program as well as to provide information/education on recovery and wellbeing living practices. These meetings are an opportunity for all program staff and clients to work together to promote safety to practice.

All clients are required to attend these meetings as scheduled.

## **Length of Program**

Rehabilitation contract lengths vary depending upon profession and individual treatment plans.

PHAP clients – Credit toward the term of the program shall be given only when practicing at least 20 hours a week in a position for which the license is required.

DPAP clients – Credit toward the term of the program shall be given only when practicing at least 24 hours a week in a position for which the license is required.

FFS clients – Credit toward the term of the program varies by profession, stipulations, and/or other contract terms. Please see your case manager for specific details.

Case managers, the regulatory Board, and/or REC reserve the right to extend the rehabilitation contract in cases of relapse and/or non-compliance.

## **Discharge Criteria**

All terms of the rehabilitation contract must be fulfilled in order to be considered for discharge from the program. In addition, your case manager will also review any limitations with regard to your contract status with the program (i.e. board ordered, voluntary, etc.).

## **Withdrawal/Dismissal from Program**

A client may withdraw from the program at any time upon notification to your case manager. Although a client may withdraw at anytime, it is considered non-compliance with your rehabilitation contract. Accordingly, the client will be referred to the Board and/or REC. If the client is practicing, program staff will notify the client's employer immediately of the client's withdrawal from the program.

**Moving Out of State**

All clients must inform case manager if they plan to move out of state. In most cases, clients must seek permission from their program case manager, respective State Board, the peer assistance program of the remote state, and the respective State Board in the remote state. Moving requirements vary. Consult your case manager for further details.

Failure to make timely arrangements for transfer will result in referring the client to the Board in Colorado and in the remote state.

**Cost and Fees**

Rehabilitation monitoring and case management services at PAS are no cost to licensed pharmacists, dentists, and interns of these professions.

There are costs associated with FFS clients. These monitoring costs are clearly outlined before the initial assessment is completed. FFS clients include unlicensed practitioners (including those who have surrendered their license, license has been revoked, or lapsed).

All clients are responsible for all costs associated with their program participation. Please note that fees are determined by the independent providers of these services. Such expenses include:

- Assessments and evaluations (outside of Peer Assistance Services), therapy, and treatment programs
- Drug screening (urine, blood, breath, body fluids, hair, etc.)

**Client Outcomes**

Upon successful discharge, it is expected that clients will be practicing in their profession without practice restrictions and that they will have the necessary tools to remain sober and healthy for a lifetime of success. We request that clients allow us to contact them after they have been successfully discharged from the program in an effort to follow up on their continued success.