Consent to Services Enrollment Agreement
[Self Referred]

I, _____, am a licensee of the _____ ("Board"). I acknowledge that I have self-referred to **Reliant Behavioral Health, LLC, Health Professionals' Services Program** ("Program") and previous to this date and pursuant to my Provisional Enrollment Agreement, I have been diagnosed by a Board-approved independent third party evaluator as having a:

[initial appropriate line]

_____ substance use disorder
_____ mental health disorder
_____ substance use and mental health disorders

and that I have been provided with treatment options by my Board-approved independent third party evaluator, and I accept those treatment options.

I understand that the Program is not permitted to diagnose or treat a licensee. The Program is the non-treatment compliance monitor employed by the Oregon Department of Human Services to track and report a licensee's compliance with the monitoring program for health professionals as set forth in ORS 676.190 through ORS 676.200 and specifically the licensee's compliance with their Monitoring Agreement and any addenda thereto. All diagnosis and treatment of licensees shall be done by or through third parties. I consent to be enrolled in the Program and understand that the following terms and conditions apply throughout the term of my participating in the Program:

1. If I have not already done so, I agree to:

   a. Sign all written authorizations/consents necessary to allow the Program to disclose and exchange information regarding my diagnosis, physical or mental health, use of mind-altering or intoxicating substances or potentially addictive drugs, unless the Program has previously approved use of a particular drug prescribed for me by a person authorized by law to prescribe the drug for a documented medical condition.

   b. Report to the Program:

      i. my use of any mind altering or intoxicating substances or potentially addictive drugs within twenty-four hours of use; or

      ii. any professional practice on my part that does not comply with limits set by my Board or the Program.

   c. Participate in my treatment plan as outlined by a Board-approved independent third party evaluator and as approved by the Program. I understand that the treatment plan may include treatment for any disorder that I may have, including but not limited to gambling and eating disorders.

   I acknowledge:

   d. The Program shall report my testing positive on any toxicology tests required by the Program or my failure to participate in Program required toxicology testing to my licensing Board.

   e. The Program may report my failure to report at least weekly to the Program, my compliance with the terms of my Monitoring Agreement and any addenda there to.

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2. As a condition of my participation in the Program, I agree that the Program may, in its reasonable and sole judgment, request that I immediately cease my practice and understand that if I should fail or refuse to do so, the Program will report such failure or refusal to my licensing Board.

3. I understand and agree that any of the following acts on my part must be reported to my licensing Board by the Program within one business day of the Program's being made aware of such noncompliance:

   a. My engaging in criminal behavior;

   b. My engaging in conduct that could cause injury, death or harm to the public, including engaging in sexual impropriety with a patient;

   c. My practicing while impaired in a health care setting in the course of my employment;

   d. My receiving a positive toxicology test result as determined by federal regulations pertaining to drug testing;

   e. My being admitted to the hospital for mental illness or adjudged to be mentally incompetent;

   f. My entering into a Provisional Monitoring Agreement, a Monitoring Agreement and any addenda thereto, a Provisional Enrollment Agreement or this Enrollment Agreement and thereafter fail to participate in the Program;

   g. My failure to enter into an Amended Monitoring Agreement or any addenda thereto as requested by the Program; or

   h. Any other conduct which the Program, in its sole discretion, considers to be in substantial noncompliance with any agreement I have signed as between myself and the Program.

Any report to my licensing Board by the Program shall include the following information:

   i. The date and description of the noncompliance;

   ii. A copy of the report from the independent third party who diagnosed my alcohol, drug and/or mental health condition, which report shall set forth my diagnosis;

   iii. A copy of my then current Monitoring Agreement and any addenda thereto; and

   iv. A statement of my employment status.

4. I understand and agree that based on the report by the monitoring entity, my Board may take action to suspend, restrict, modify or revoke my license or end my participation in the Program.

5. I agree to enter into a Monitoring Agreement and any addenda thereto with the Program as a condition of my participation and, further, to enter into an Amended Monitoring Agreement and any addenda thereto if required by the Program.

6. If I have not already done so, I agree to sign Authorization to Use and Disclose Protected Health Information and Consent to Release, Use and Exchange of Information forms allowing the Program to obtain and exchange information as outlined in such forms, including my alcohol, drug and mental health treatment records. I

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understand that alcohol, drug and mental health treatment records are protected under federal and state laws (42 CFR, Part 2; ORS 430.399(5) and ORS 179.505 governing confidentiality of medical records including records related to alcohol and drug abuse, which regulations and statutes provide that such records cannot be released without my written consent unless otherwise permitted in the regulations/statutes; ORS 192.518 relating to protected health information, ORS 192.529 regarding the retention and disclosure of genetic information; and other related state and/or federal laws or regulations relating thereto). I understand I may revoke either form at any time. I further understand and agree that any use or release of my alcohol, drug or mental health treatment records by the Program prior to my revocation of my Authorization and/or Consent is and shall not be affected by my revocation.

8. If I have not already done so, I agree to sign a Consent to Release, Use and Exchange of Information form between the Program, my Board, my Board-approved independent third party evaluator, my treatment provider(s) and, if applicable, my employer of either my substantial noncompliance with the terms of my Monitoring Agreement and any addenda thereto or my failure to complete my enrollment in the Program.

9. I understand that my enrollment in the Program likely will span a considerable period of time and during my enrollment, if the Program deems it necessary, I agree to execute any additional releases for confidential medical records and/or alcohol and drug treatment records which are presented to me by the Program for my signature. I further agree that if I should fail or refuse to sign any such additional releases, my refusal will constitute my voluntary withdrawal from the Program which will be reported to my licensing Board.

10. **If my enrollment in the Program was due to a diagnosis of a mental health disorder, I agree that if I revoke my Consent to Release, Use and Exchange of Information form which, among other things, allows disclosure of my mental health treatment records, or if I revoke my Authorization to Use and Disclose Protected Health Information - including mental health treatment records, such act(s) will constitute my voluntary disenrollment from the Program. I understand that under such circumstances, the Program is compelled by ORS 676.190 and associated Administrative Rules to report my disenrollment to my licensing Board.**

11. **If my enrollment in the Program was due to my abuse of any substance(s) (drugs or alcohol), I agree that if I revoke either of my Consents to Release, Use and Exchange of Information which, among other things, allows disclosure of my alcohol or drug records, or if I revoke my Authorization to Use and Disclose Protected Health Information, such act(s) will constitute my voluntary disenrollment from the Program. Under such circumstances, I understand that the Program is required by Oregon Administrative Rule 415-065-0055 to seek a court order authorizing release of identifying information regarding alcohol or drug information protected under 42 CFR Part 2 and ORS 179.505.**

12. <u>You will be enrolled in the Program once you have signed this Enrollment Agreement, Consent to Release, Use and Exchange of Information forms and Authorization to Use and Disclose Protected Health Information - including mental health treatment records form and your Monitoring Agreement and any addenda thereto and have paid your deposit.</u> I understand and agree that if I sign this Enrollment Agreement and thereafter, for any reason, fail or refuse to participate in the Program including, but not limited to, my failure to sign a Monitoring Agreement or any addenda thereto or my failure to sign the Consent to Release, Use and Exchange of Information forms, the Program shall immediately report such failure to my licensing board.

13. This Enrollment Agreement shall remain in effect throughout the term of my participation in the Program and end on either the date I am reported to my Board by the Program or the date I successfully complete the Program.

DATED this _____day of _____, 20_____.

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_____

[Signature]

_____

[Printed Name]

_____

[Date of Birth]

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