



Christiana Care Monitoring Program Acknowledgement of Monitoring Requirements

I, , accept and understand that Christiana Care has designated Uprise Health to administer the Christiana Care Monitoring Program ("CCMP"). I agree and understand the CCMP requirements and agree to be bound by the terms of these documents for the term identified on my most recent Return to Work Agreement. The term begins on my enrollment date.

- 1) I understand that my enrollment date will be the date my completed consent forms and this document are initially received by CCMP.
- 2) I understand I may be asked to obtain, at my own expense, additional third party evaluations during the term of my Monitoring Acknowledgement to assess if modifications should be made to my treatment plan or prior to completion of the program.
- 3) I understand that as a condition of participation I will be required to sign all release of information authorizations including, but not limited to health, alcohol, drug, and mental health treatment records for the exchange of information among Christiana Care; Uprise Health; third party evaluators; and treatment providers.
- 4) I understand that Uprise Health will not provide me with any diagnosis or treatment for any condition that I might have.
- 5) I will participate in the identified treatment and continuing care plan. I understand that my treatment providers will be required to submit monthly written status reports to CCMP regarding my progress. I understand that it is ultimately my responsibility to obtain the documentation required by the CCMP.
- 6) I agree to initially contact Uprise Health twice a month by telephone and speak with the Uprise Health agreement monitor. After three (3) months, if I have been fully compliant with my Monitoring Acknowledgement, I understand I may contact the monitor via email or voice mail one (1) time per month. However, even following three (3) months of compliance, I understand that at least one of my two (2) contacts per month must be telephonic. At the time of each contact, I will advise the agreement monitor of my adherence with my treatment plan, including any required self-help meetings; my frequency of contact with my sponsor and treatment providers; and any changes to my health, family, and wellbeing.
- 7) I will follow all aspects of my Return to Work Agreement with Christiana Care and I will cooperate with any fitness for duty evaluations prior to returning to work. Upon returning to work, I will follow any limits that have been placed on my work duties.
- 8) I will completely abstain from alcohol, illegal substances and stimulants, narcotics, sedatives, and tranquilizers and all other mind altering and/or potentially addicting medications, not prescribed by my prescribing physician for a specific medical condition and approved by CCMP. I will completely abstain from over-the-counter medications containing alcohol, hemp, or CBD products and from over-the-counter medications that affect the central nervous system (like antihistamines), unless approved by my prescribing physician and all food items containing alcohol, poppy seeds, hemp, CBD, or other substances that may produce a positive test result for drugs or alcohol.
- 9) In the event I am prescribed a mood altering or intoxicating substance or potentially addictive drug, I will immediately inform the CCMP and request approval prior to use. I will fax a copy of the prescription to the CCMP and have the prescriber complete a Medication Management form.
- 10) I understand that I may have only one prescriber and only one pharmacy for all mood altering or intoxicating



substances or potentially addictive drugs. Any exception from this requirement must be approved by the CCMP Medical Director. I understand exceptions will be made only in extraordinary circumstances.

- 11) I will report to the CCMP my use of any mood altering or intoxicating substances or potentially addictive drugs within 24 hours of use. This includes unauthorized or inappropriate use of prescription medications.
- 12) I will inform my personal physician of the conditions of this Monitoring Acknowledgement and request that he or she not prescribe any mood altering or intoxicating substances or potentially addictive drugs for me, unless there is no reasonable alternative. For non-emergent conditions that my physician believes warrant the use of mood altering or intoxicating substances or potentially addictive drugs, I will immediately contact the CCMP (within 24 hours).
- 13) I agree to inform the CCMP if I change my personal physician within one week of implementing that decision. If I do not have a personal physician, I understand that it is recommended to obtain a personal physician and initiate a complete physical examination at the time of program enrollment, and that I may be required to initiate and complete a physical examination due by my evaluator or treatment provider.
- 14) I will be assigned an appropriate person who will serve as a workplace monitor per the CCMP established parameters, including but not limited to: my workplace monitor will not be a relative or have a prior social relationship with me; and may not be my employee. I will meet with my workplace monitor with the frequency determined in my personal Addenda to document my progress complying with my Monitoring Agreement and personal Addenda. I am aware and agree that my workplace monitor will be periodically contacted by the CCMP and will be asked to provide a monthly assessment of my ability to comply with my Monitoring Agreement and personal Addenda that is due by the 5th day of each month. I understand that my workplace monitor will contact CCHS Employee Health Services and/or Uprise Health in the event my behavior indicates concern. In the event my workplace monitor is no longer able to serve in this capacity, I will notify CCHS Employee Health Services within 24 hours of acquiring this knowledge.
- 15) I will use my established account/login credentials to check the testing notification system every business day (Monday through Friday, excluding Delaware state holidays and the Friday following Thanksgiving) from 5:00 a.m. to 7:00 p.m. EST to determine if I must undergo toxicology screening on that day. These approved notification systems include the Uprise Health interactive voice response system (IVR), webpage, and app. I will check the appropriate panel on my Chain of Custody form as directed by the approved testing notification system. I will contact CCMP prior to 7:00 p.m. EST if I encounter difficulties checking for my daily test notification.
- 16) As a condition of participation, I will be required to submit to any and all drug and alcohol testing required by the CCMP. I understand that testing may or may not be random, monitored or directly observed. I understand I must test prior to the closing of my assigned collection site on the day I am scheduled to test. It is my responsibility to confirm my collection site's hours of operation. If I fail to test as scheduled I understand I will be in non-compliance. I will follow the CCMP established toxicology testing guidelines received with the enrollment packet.
- 17) If I am using a paper chain of custody form, I will check the appropriate panel on my Chain of Custody form as directed by the approved testing notification system.
- 18) I understand that I must share any medical problem that may prevent me from giving a urine sample prior to beginning the program. I understand that a failure to produce the required 45mL specimen will be reported as a failure to test. A failure to test is non-compliance with my Monitoring Acknowledgement and will be reported to the Christiana Care.
- 19) I understand that if I participate in the toxicology testing program, any evidence of mood altering or intoxicating substances or potentially addictive drugs in the specimen sample can result in a report of non-compliance to Christiana Care. I understand that it is my responsibility to avoid substances that could result in a non-negative toxicology report, e.g., poppy seed bagels and the excessive use of alcohol-based hand sanitizers.



- 20) I agree to provide the 14 days-notice prior to any travel plans so I can receive my collection site, testing supplies and Chain of Custody forms. I understand that I will remain subject to all conditions of the CCMP regardless of travel destination.
- 21) I agree to return any calls from the CCMP operated by Uprise Health within 24 hours or respond to any message to call on an approved testing notification system within 24 hours. I will report to Uprise Health within three days any circumstances that prevent me from calling into the IVR testing notification system, including without limitation, hospitalization or arrest.
- 22) I understand that if I test positive for a mood altering or potentially addicting medication and my prescription is more than six (6) months old, I will be non-compliant.
- 23) I understand that any failure to comply with this Acknowledgment of Monitoring Requirements will be immediately reported to Christiana Care Employee Health Services along with the date non-compliance occurred, a complete description of the non-compliance, and possibly, a recommendation that the employee remain out of work until a third party evaluation can be completed. Non-compliance includes, but is not limited to the following:
 - The failure to contact the CCMP or return enrollment paper work within ten (10) business days;
 - A pattern of failure to comply with the current Monitoring Acknowledgement; and
 - Any report of drug diversion in the workplace; and
 - Any event, that at the discretion of the CCMP taking into account all relevant circumstances, should be treated as a non-compliance event.
- 24) I understand that my mental health records and protected health information are protected under the Health Insurance Portability and Accountability Act of 1996.
- 25) I understand that my alcohol and/or drug treatment and mental health records are protected under federal and state laws and regulations (42 CFR Part 2) governing confidentiality of alcohol and drug abuse patient records and protect health information records generally, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke my consent to release such records at any time except to the extent that prior action has been taken in reliance upon it. I understand that for my revocation of consent to be effective, it must be in writing.
- 26) I understand that nothing contained herein is intended to be nor will be construed as conferring any right to continue employment with Christiana Care (or any of its affiliates or subsidiaries) for any period of time or to interfere with or otherwise restrict or limit in any manner the rights of Christiana Care to termination employment at will.
- 27) I will be monitored for compliance with the following treatment/activities until the treatment/activity is complete or I am therapeutically/medically discharged:
 - _____
 - _____
 - _____

DATED this day of 20

Signature of Participant: Print Name:

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.