PROFESSIONALS RESOURCE NETWORK, INC.

IMPAIRED PRACTITIONERS PROGRAM OF FLORIDA

PARTICIPANT MANUAL

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DEFINITIONS

Terms as used in this manual are defined as follows:

Applicant means a person who is eligible for licensure and has submitted an application for licensure in a profession under the jurisdiction of the Florida Department of Health ("DOH") or Department of Business and Professional Regulation ("DBPR"), but who has not yet been issued a license.

Eligible student means a student of a Florida educational institution which has entered into an agreement with PRN to provide certain impaired practitioner program services to its students who are enrolled for the purpose of preparing for licensure as a health care practitioner or as a veterinarian.

Evaluation means the process of evaluating a referral or participant to determine safety to practice and the need for treatment; conducted by an independent and approved evaluator.

Evaluator means a state-licensed or nationally certified individual who has been approved by PRN, IPN, or DOH, who has completed an evaluator training program established by PRN, and who is therefore authorized to evaluate practitioners as part of the impaired practitioner program.

Emergency case means a case in which a licensee presents a potential immediate serious danger to the public health, safety or welfare for which DOH or DBPR may consider taking emergency action.

Impaired practitioner means a practitioner with an impairment.

Impaired practitioner program means a program established by DOH by contract with PRN to serve impaired and potentially impaired practitioners for the protection of the health, safety, and welfare of the public.

Impairment means a potentially impairing health condition that is the result of the misuse or abuse of alcohol, drugs, or both, or a mental or physical condition that could affect a practitioner's ability to practice safely.

Inability to progress means a determination by PRN based on a participant's response to treatment and prognosis that the participant is unable to safely practice despite compliance with treatment requirements and his/her participant contract.

Material noncompliance means an act or omission by a participant in violation of his/her participant contract as determined by DOH or PRN.

Monitoring means the surveillance by PRN of a participant to ensure compliance with the participant's participant contract.

Monitoring plan means a structured plan of treatment and monitoring with which the participant must comply. Elements that may or may not be included in a monitoring plan include:

- Participation in a treatment program;
- Regularly scheduled visits with a therapist, psychiatrist, addiction specialist, substance abuse counselor, or other professional;
- Attendance at a facilitated group;
- Attendance at mutual help meetings;
- Provision of urine, nail, hair, saliva, and/or blood specimens when selected;
- Checking in with toxicology selection system; and
- Provision of specified reports from work site monitors, chaperones, and medication monitors.

Participant means a practitioner who is participating in the impaired practitioner program by having entered into a participant contract. A practitioner ceases to be a participant when the participant contract is successfully completed or is terminated for any reason.

Participant contract means a formal written document outlining the requirements established by PRN for a participant to successfully complete the impaired practitioner program, including the participant's monitoring plan.

Practicing while refrained occurs when a licensee practices under their license during a time period when they have been refrained from practice by PRN.

Practitioner means a person licensed, registered, certified, or regulated under part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; or an applicant for a license, registration, or certification under the same laws.

Recovery plan means a plan prepared by PRN and signed by a participant following a relapse episode that includes an evaluation and/or treatment and other actions by the participant required by PRN.

Referral means a practitioner who has been referred, either as a self-referral or otherwise, or reported to PRN for impaired practitioner program services, but who is not under a participant contract.

Refrained from practice means a restriction or prohibition from practice imposed by PRN as a condition of continued impaired practitioner program participation.

Relapse episode means a thirty (30) day period of time during which a participant exhibits a minimum of two sequential acts or omissions, each of which constitute a material noncompliance.

Self-referral means a licensee or applicant who presents to PRN for program services without being referred by a licensure board, DOH or DBPR.

Sexual misconduct means the violation of the professional relationship through which the health care practitioner uses such relationship to engage or attempt to engage the patient or client or immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession.

Trafficking means the act of knowingly selling, purchasing, manufacturing, delivering or bringing into the state, or knowingly being in actual or constructive possession of a trafficked amount of a controlled substance or illegal drug.

Treatment program means a DOH or PRN-approved residential, intensive outpatient, partial hospitalization, or other program through which an impaired practitioner is treated based on the impaired practitioner's diagnosis and the treatment plan approved by PRN.

Treatment provider means a DOH or PRN-approved residential state-licensed or nationally certified individual who provides treatment to an impaired practitioner based on the practitioner's individual diagnosis and a treatment plan approved by PRN.

Voluntary Withdrawal from Practice ("VWP") means an agreement by the participant or referral, which is accessible to the public, in which the participant or referral has agreed to voluntarily withdraw from his/her practice and to not practice in the State of Florida, which voluntary withdrawal is posted on the DOH's license look-up for the public, until PRN notifies DOH in writing that the withdrawal may be rescinded or until the applicable licensure board or DOH if there is no Board enters an order authorizing PRN to rescind the withdrawal.

INTRODUCTION

It is the intent of this manual to provide information concerning the Professionals Resource Network, Inc. (PRN), its philosophy, guidelines, and procedures. As PRN monitors multiple conditions, not all of these requirements may pertain to your individual needs. You should review carefully the information provided in this manual and talk with your Case Manager if you have any questions. As a PRN participant, you are responsible for adhering to all conditions outlined in this manual and your individualized PRN contract.

Please note, you are responsible for checking your contract and with PRN to understand which requirements pertain to you. You should always have your copy of the signed contract available for your review. In the event your PRN contract is revised at some point, you are held to the terms of your latest contract until the revised contract is signed and returned to PRN. Amendments and addendums should be signed and returned to PRN in a timely manner, specifically within five (5) business days of your receipt by e-mail, facsimile, or U.S. Postal Service.

Each participant will be enrolled in the Affinity Online Solutions. While Affinity is primarily used to coordinate toxicology testing, it also coordinates information that needs to be communicated by PRN to all its participants and is the backbone of our electronic records. On Affinity you will find this participant manual, links to resources, and a message link directly to PRN. **Should you for some reason be unable to contact PRN, please log into the Affinity system to check for updates or messages from PRN.**

OVERVIEW OF PRN

Professionals Resource Network, Inc., was the logical and necessary extension of the efforts of the Florida Department of Health and the Florida Medical Association. After attempts by the Department of Professional Regulation and independent attempts by the practicing physicians, veterinarians, and pharmacists to form an Impaired Practitioners Program, the Department of Professional Regulation in 1986 and the professional organizations combined to form the present system operated by the non-profit Professionals Resource Network, Inc. In March, 2003, the Florida Medical Foundation Board of Directors officially approved the name change request from Physicians Recovery Network to "**Professionals Resource Network, Inc.**" Due to the multiple professions that PRN assists and the increasing numbers of program participants with problems other than substance use disorders, this change was necessary.

The nationally recognized effectiveness of PRN is based upon the individualized pathways that are produced through the cooperative efforts of regulatory agencies, professional association(s), evaluators, treatment providers, and volunteers. Key to this method is the use of a geographically selected monitoring network, as well as a system of checks and balances.

PRN is one of the two operators of the State of Florida's Impaired Practitioner Program (the other being the Intervention Project for Nurses). As such, PRN serves as the Consultant to the

Department of Health (DOH) and to the Department of Business and Professional Regulation (DBPR) on matters relating to practitioner impairment. The not-for-profit 501(C)(3), Professionals Resource Network, Inc., is funded through contracts with the Department of Health and the Department of Business and Professional Regulation, medical schools, and charitable contributions. The DOH and DBPR contract with PRN to provide impaired practitioner program services as provided in Florida Statutes Chapters 456 & 474, as well as to serve as a consultant to the regulatory body for each individual healthcare practice act (e.g., Florida Board of Medicine, Florida Board of Osteopathic Medicine). The operating funds for the program are derived principally from a portion of DOH licensing fees. PRN does not charge participants for services and does not provide medical or therapeutic treatment, but instead refers participants to appropriate providers based on information gathered by staff. Participants pay their healthcare providers directly as well as fees for monitoring where indicated, such as toxicology testing.

Florida Statute Chapters 456 & 474 can be located at www.leg.state.fl.us/statutes. Substance use disorder records are protected by the federal regulations at 42 CFR Part 2.

PROGRAM MISSION

The mission of Professionals Resource Network (PRN) is to protect the health, safety and welfare of the public, while also supporting the health and integrity of Florida's healthcare and other professionals.

PRN is often an alternative to the DOH/DBPR disciplinary process. Healthcare professionals experiencing difficulties are promptly and effectively identified resulting in more appropriate and timelier referral to services. Most licensed healthcare practitioners participating in the program report to PRN voluntarily, which can in many cases provide a diversion opportunity from the DOH/DBPR impairment disciplinary process, therefore helping to maintain an individual's confidentiality and limiting the negative impact on their life.

ORGANIZATION OF PRN

The Medical Director and the Associate Medical Director are the guiding forces and have final determination of PRN policy, procedure, and clinical decisions. The PRN monitoring team is made up of the Case Manager Supervisor, Intake Case Managers and additional full time Case Managers. The administrative staff includes the Chief Operating Officer and the Administrative Team.

PRN RESPONSIBILITIES

1. To treat all professionals referred to the program and participating in the program with dignity and respect.
2. To explain to the best of our ability the results of any evaluations, drug testing results, and recommendations relating to your case.
3. To keep information private unless otherwise stated in this pamphlet or as otherwise required by law or PRN's contracts with the DOH and DBPR.

EVALUATION, TREATMENT & MONITORING

Participants become known to PRN by various sources including but not limited to:

1. Self-referral
2. Hospitals
3. Group practices, partners, staff
4. Patients
5. Treatment providers
6. Family
7. Friends
8. Pharmacies
9. Local Law enforcement
10. DOH/DBPR
11. Licensure Boards/Councils

After review of the initial information received from any or all of the above sources, determinations about the next steps in the Intake process are made depending on the specifics of the referral. On occasion, information is insufficient to warrant further PRN involvement and the case is closed. In cases of alleged professional sexual misconduct, PRN (per DOH Contract) must refer the matter to the DOH, and not enter into a contract without the consent of the DOH.

After the need for an evaluation is determined, contact is made with the individual, and he/she is sent PRN intake releases. When these completed documents are received in the PRN office, the individual is given three appropriate evaluator options for an evaluation unless three evaluators are not available for a particular issue. The program's independent evaluators have been approved based on their experience, credentials, expertise in treating healthcare practitioners, specific experience relating to potentially impairing conditions, and their ability to render diverse services. Evaluations vary from in office assessments, which is the most common type of evaluation, to 3-5-day inpatient evaluations for more complex cases. Please see Appendix I, Evaluations for Initial Referrals.

After review of the evaluation report by the PRN team, one of three things will usually happen:

1. There is no need for further interaction with PRN and the file is closed, such as when no impairing condition or elevated risk to the public has been identified by the evaluator.
2. A participant contract is written based on the potentially impairing condition and all available information.
3. If referral to various services such as treatment is necessary, then at least three recommendations are given whenever possible.

A referral for **treatment**, as well as the level of treatment, is based on diagnosis, recent symptoms, activity, ability to practice safely, and any other available information. Levels of recommended care include:

1. Inpatient hospitalization or detoxification
2. Partial hospitalization
3. Intensive outpatient
4. Outpatient

A **second opinion evaluation** by a multidisciplinary team approved by and **coordinated by PRN** is always allowed if the referral or participant disagrees with the original initial diagnosis and/or recommendations. The second opinion evaluation must be requested within seven (7) business days of the completion and review of the findings and recommendations with a Case Manager. The second opinion evaluation must be completed within thirty (30) days of the review of the first-opinion evaluation report. Please see Appendix II, Second Opinion Evaluations.

The process of the initial contact, evaluation, and possible treatment recommendations is at times difficult and confusing. Participants do not always appreciate that the practice of a healthcare profession is an earned privilege granted by the state. Because of the potential danger a healthcare professional poses to the public, and the safety sensitive nature of the work, the acceptance of this trusted position requires a higher level of accountability compared with many other professions. Professionals with potentially impairing conditions are required to hold a still higher level of accountability to ensure public safety which is provided for by the PRN process and contract.

After the initial evaluation and/or treatment (if potential impairment has been found), the referred individual will, in most cases, be required to establish a **participant contract** with PRN. This contract is specific for the particular condition and circumstances of the particular case.

Please see Appendix III, Polygraphs Used in Evaluations.

Types of contracts include but are not limited to:

1. Substance Use Disorder
2. Psychiatric
3. Concurrent (2 or more concerns, such as both substance use disorder and psychiatric)
4. Unprofessional workplace behavior related to an impairing condition, that impacts patient safety
5. Chronic Pain on high risk medications
6. Safety Monitoring

The PRN contract may vary in length and include special requirements for the particular case. Contracts for those individuals with a Substance Use Disorder (SUD) generally require random toxicology testing, attendance at a weekly PRN monitored group, and involvement in a program of recovery (e.g., 12-step program). Those individuals opposed to a 12-step program of recovery

will be allowed to develop an individualized program of recovery, subject to the approval of PRN. Psychiatric Contracts generally require ongoing psychotherapy and/or medication management, as indicated, as well as involvement in a specialized monitored group.

All Florida healthcare practitioners and DBPR practitioners who are PRN participants, and not in residential treatment, should have a current, completed contract on file with PRN. After entering into the PRN Participant Contract, participants may be required by PRN to have subsequent evaluations at any time during the term of the Contract.

Prior to successfully completing the program, participants may need to be monitored while working in their profession for a period of time depending on the circumstances of the individual case.

PARTICIPANT RIGHTS

As a participant in the program, you have the right:

1. To be treated with dignity and respect.
2. To refuse to participate in any or all of the components of the program operated by PRN for the State of Florida; however, to do so may result in a formal report to the Department of Health, Department of Business and Professional Regulation and/or your licensing Board.
3. To know the name, title, and role of any PRN staff member involved in your case at any time.
4. To know the results of any evaluations that you undergo, drug testing history, and treatment recommendations.
5. To file a grievance. Please see Appendix IV, Grievance Procedures.

PARTICIPANT RESPONSIBILITIES

As a participant in the program, you have the responsibility:

1. To comply with the recommendations of the evaluator/treatment provider in consultation with the PRN Case Management Staff.
2. To comply with the terms of the PRN Monitoring Contract.
3. To take care of any financial obligations related to your monitoring, care givers, toxicology testing and group Facilitator.
4. To be courteous to PRN staff.
5. To notify PRN well in advance of a Board appearance. Failure to give adequate notification to your Case Manager precludes our ability to provide documentation for your Board.
6. To notify your Case Manager before applying for any category of licensure in this state or any other state.

CONFIDENTIALITY OF PRN PARTICIPANTS

Approximately 80% of all PRN participants have no disciplinary cases being pursued by the State. The names of these participants are not revealed to the DOH, DBPR, DOH Legal, or Licensing Boards without written consent of the participant as long as they remain in compliance with program requirements.

Notice of Confidentiality of Substance Use Disorder Records

At intake, each program referral is provided with PRN's form "Notice of Confidentiality of Substance Use Disorder Records." PRN obtains written confirmation from the referral that the Notice has been received.

Consent to Release Confidential Information to the Florida Department of Health (or DBPR) and Licensure Board

At intake, each program referral is provided with PRN's form, "Consent to Release Confidential Information to the Florida Department of Health and Licensure Board" or "Consent to Release Confidential Information to the Florida Department of Business and Professional Regulation and Licensure Board," as applicable depending on whether the referral is regulated by the Florida DOH or DBPR (or both).

As part of the impaired practitioner program, PRN is required by state law and its contracts with the DOH and DBPR to exchange records with those departments and the referral's licensing board. The circumstances, timing, and extent of such disclosures are described in detail in section 456.076, Florida Statutes, and PRN's contracts with the DOH (DOH contract COMX7) and DBPR (DBPR contract 16-00001). Accordingly, if a practitioner wishes to enter the program, he/she must sign and return a copy of this form to PRN as a condition of enrollment. The duration of this consent is from the date signed until one year after successful completion of the impaired practitioner program.

Consent to Release Confidential Information

Depending on the specifics of a particular case, as part of the impaired practitioner program PRN may be required to exchange records with approved evaluators, treatment providers, treatment programs, facilitators, employers, schools, and others. PRN's form, "Consent to Release Confidential Information," is used for the practitioner to consent to such third-party disclosures. A separate signed form must be obtained for each individual and/or entity to whom a disclosure of records will be made.

This same form, "Consent To Release Confidential Information," is also used in those circumstances in which a program participant wishes to authorize PRN to disclose records solely at the participant's request (i.e., when the disclosure is not required as part of the impaired practitioner program). Such non-program disclosures must be reviewed and approved by the PRN Medical Director, or his/her designee, before the disclosure of records is made.

The duration of these consents will depend on the particular circumstances for which consent is given but in no case may last longer than is reasonably necessary to fulfill the purpose of the intended disclosure. For example and without limitation, a duration of one year from the date signed would typically be used for disclosures to program evaluators, treatment programs, treatment providers, and participant attorneys, as well as in response to credentialing requests.

A duration from the date signed until one year from the date of successful completion of the impaired practitioner program is typically used with program facilitators, employers, and out of state co-monitoring programs. In other circumstances, the most appropriate duration will be until a specific date, event, or condition (e.g., until conclusion of a specified lawsuit).

To be accepted by PRN, each consent form must be fully completed, and signed and dated by the practitioner. PRN will accept as original documents electronic copies of signed consent forms (e.g., signed consent forms, including e-signature, scanned and emailed by the practitioner to PRN). Electronic signatures compliant under federal and state signature laws are acceptable on all program forms.

Any questions among PRN personnel regarding the use of program consent forms must be taken to PRN clinical staff meetings for resolution by PRN leadership and consultation with PRN legal counsel if necessary.

Other Communications

Participants are required to communicate directly with PRN staff by telephone, video conference, Affinity message, and email unless they are incarcerated, rendered incapable by acute physical or mental illness or are legally declared incompetent. Though legal representatives or family may be invited to participate, they may not substitute for or communicate with PRN in place of the participant.

TOXICOLOGY DRUG TESTING

Toxicology testing offers objective evidence that a participant is compliant with his/her abstinence requirements. Participants will be tested through urine, blood, hair, breath, oral fluid, and/or nails for the use of alcohol and/or other drugs. All participants upon signing a PRN contract will be required to register in the drug testing program, but only the participants who have drug testing as a requirement of their PRN contract will be required to test on a random basis. Participants who are not required to test on a random basis will be required to register through the drug testing system and are required to test for reasonable suspicion and for cause while participating in PRN. Participants will be notified that they may be tested for the following reasons, but not limited to: for cause, for reasonable suspicion, for monitoring, randomly, for missing a test, for missing a check-in, for dilute or out of range specimens, for behavioral issues, for assessment of a destabilized psychiatric condition, or for other reasons PRN deems appropriate.

Testing of blood (by blood draw or blood spot), hair/nails, oral fluid, and/or breath may be ordered on a case-by-case basis of all participants for reasons including but not limited to: for cause, for reasonable suspicion, for monitoring, randomly, for missing a test, for missing a check-in, for dilute, value out of range, for behavioral issues, or other reasons PRN deems appropriate.

If urine or oral fluid drug testing is required, the number and types of tests chosen for monitoring may vary depending on the profession, work status, and type of monitoring, (e.g., a participant utilizing Soberlink may have the number of urine tests reduced.)

NOTE: PRN does not allow the use of medical marijuana or other cannabis products by actively practicing healthcare professionals or licensure applicants being monitored. This includes cannabidiol (CBD) products Delta 8 THC, hemp products, synthetic cannabis, cold symptom relief products, poppy seeds, which may contain amounts of THC that result in positive toxicology testing. The use of supplements or other OTC products that test positive for kratom, alcohol, including Kombucha, THC/COOH, opioids, stimulants or other non-approved substances are NOT acceptable/valid explanations for positive testing under monitoring. If there is a Positive result, they are considered a relapse/Material Noncompliance (MNC.

Information on safe medications may be found at:
www.flprn.org
www.affinityehealth.com

PROCEDURES FOR DRUG TESTING

1. Participants will be required to register through the PRN drug testing system upon execution of their participant contract.
2. Participants will check-in to the testing system daily, Monday through Friday, to see if they are required to test.
3. If the Participant is required to test, he/she must report to a testing facility within the ordered testing window during the collection site's operating hours.
4. Participants may not be required to check-in or test during the following:
   a. Approved travel outside of the United States (including the U.S. Virgin Islands and Puerto Rico) (see also Policy 20 regarding vacation and extended leave monitoring)
   b. National holidays (New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Christmas Day)
   c. PRN approved monitoring interruptions
5. For breath testing, participants must provide breath samples up to seven (7) days a week.
6. If there are missed check-ins to include missed Soberlink submissions or failure to retest as instructed on the Soberlink device for any level of positivity, the following may be considered:
   a. Verbal or written notification and extra tests added
   b. Modification of recovery plan and/or contract requirements
   c. Evaluation of recovery status; and/or
   d. Staff review for noncompliance with testing requirements
7. If a test was scheduled on a missed check-in day, the missed test will be rescheduled immediately.
8. If a participant is selected for testing and the test is missed, the participant must notify PRN when this omission becomes known and must self-test (urine) the next day.
9. Missed tests will result in review of the case and the following may be considered:
   a. Being refrained from practice pending a recovery status evaluation by an approved evaluator
   b. If asked to refrain from practice the participant must not return to practice until it is determined they are fit for duty and are willing to comply with PRN program requirements
   c. Revisions to the participant's participant contract
   d. Closing of file and referral for noncompliance to DOH/DBPR
10. Participants may be excused from checking-in or testing when there are unusual and extenuating circumstances (e.g., death in the immediate family, unforeseen disasters) with the permission of the Medical Director and/or designee. If participants feel they have extenuating circumstances they should immediately contact their Case Manager.

General guidelines for urine or saliva frequencies:

Substance use disorder, unspecified, mild, moderate or severe and safety monitoring contracts:
Year 1 - urines weekly and as indicated
Year 2 - urines 3-4 times per month and as indicated
Year 3 - urines 2-3 times per month and as indicated
Year 4 - urines 1-2 times per month and as indicated
Year 5 - urines 2-3 times per month and as indicated
These are guidelines only and are subject to change depending on the specifics of the case.

Other diagnoses: For cause or reasonable suspicion as needed

General guidelines for PEth testing frequencies:
Substance use disorder, unspecified, mild, moderate, severe or safety monitoring contracts:
2-4 times a year

General guidelines for hair/nail test frequencies:
0-4 times a year

Suggested guidelines for breath testing frequencies:
Up to 4 times a day

Frequencies may vary depending on the specifics of the case, including the level of risk to the public.

URINE SPECIMENS WITH LOW CREATININE LEVELS

POLICY: One widely acceptable method for determining the validity of a urine specimen for toxicology testing is by measuring the concentration of the urine to determine whether the specimen falls within the acceptable range of concentration for a freshly voided, untampered and unsubstituted urine collection. Urine specimens that are under-concentrated may not reveal the presence of a substance in the donor's body, and may indicate that the donor has made an attempt to circumvent detection by diluting the specimen either by consuming large volumes of liquid prior to providing the specimen or by adding exogenous fluid to the specimen. Technically a specimen is considered Dilute if the level of creatinine (a byproduct of muscle metabolism excreted by the kidney) is below 20 mg/dL and when the specific gravity of the specimen is >1.001 and <1.003.

Creatinine levels can be low for other reasons not related to purposeful dilution to circumvent the screening system. The most common reason for this is consumption of large volumes of fluids prior to providing a urine specimen. Other reasons include low total muscle mass, use of diuretic medications, renal disorders, endocrine disorders, and psychological/psychiatric disorders. A specimen can have low creatinine due to substitution of non-urine fluids such as water and other liquids. All low-creatinine results raise concerns. Any specimen with a creatinine below 20 mg/dL will be reviewed and additional testing may be ordered. A specimen with less than 2 mg/dL is not considered human urine and will result in immediate refrain from practice pending further evaluation.

PROCEDURE:

1. All participants are expected to review the Participant Manual section on urine testing and the Affinity how to videos regarding toxicology testing.
2. All confirmed urine drug test results with low creatinine levels will be reviewed by the Medical Director or designee and the participant's Case Manager.
3. In the case of recurrent low creatinine results, the case will be discussed with the clinical team; additional testing and/or evaluation may be required as follows:
    a. For low-creatinine results the participant may be notified and suggestions for avoiding dilute results will be reviewed. If the low-creatinine result is extremely low (<15mg/dL), additional testing may be required.
    b. For subsequent low-creatinine results, additional testing may be ordered as determined by the Medical Director and the clinical team based on the participant's history, overall compliance and drug of choice.
    c. Other interventions that may be considered on a case-by-case basis including but not limited to the following:
        Observed urine collection if available
        Referral for recovery status evaluation
        Alternative testing approaches
        Referral for medical evaluation

URINE SPECIMENS WITH ELEVATED CREATININE LEVELS

POLICY: One widely acceptable method for determining the validity of a urine specimen for toxicology testing is by measuring the concentration of the urine to determine whether the specimen falls within the acceptable range of concentration for a freshly voided, untampered and unsubstituted urine collection. A specimen with a creatinine level of more than 300 mg/dL is considered above the normal range. High creatinine levels can result from adulteration or substitution. Alternatively, High creatinine levels, especially in the range of 301-400 mg/dL, most often result from dehydration; large muscle mass and/or high levels of physical activity; muscle injury; renal problems; or endocrine problems. High creatinine levels may also result from adulteration or substitution. All specimens with creatinine levels above 300 mg/dL will be reviewed by the Medical Director or designee.

PROCEDURE:

1. All participants are expected to review the Participant Manual section on urine testing and the Affinity how to videos regarding toxicology testing.
2. All confirmed urine drug test results with elevated creatinine levels will be reviewed by the Medical Director or designee and the participant's Case Manager.
3. In the case of recurrent high creatinine results, especially in the range of 400 mg/dL and above, the case will be discussed with the clinical team, and additional testing may be considered as follows:
    a. The participant may be notified and suggestions for avoiding over-concentrated urines will be reviewed;
    b. Additional testing may be ordered as determined by the Medical Director and the clinical team based on the participant's history, overall compliance and drug of choice;
    c. Other interventions that may be considered on a case-by-case basis include but are not limited to the following:

        Observed urine collection if available
        Referral for recovery status evaluation
        Alternative testing approaches
        Recommendation to consider medical evaluation

THE USE OF SHORT TERM POTENTIALLY IMPAIRING MEDICATIONS FOR AN ELECTIVE OR ACUTE MEDICAL CONDITIONS

POLICY: On occasion a participant may require a potentially impairing medication, particularly controlled substances, for the treatment of an elective medical procedure. In addition, PRN supports the appropriate treatment of a participant with acute medical or psychiatric conditions while under the care of a licensed healthcare professional other than themselves.

PROCEDURE:

1. Participants having elective procedures (e.g., dental work, scheduled/non-emergent surgery, colonoscopy) should talk with their healthcare providers about the medications that will be prescribed. Participants are expected to review with the prescriber and PRN the information regarding safe medication use located on the Affinity system. Participants must inform PRN **before** elective procedures that they will be receiving potentially impairing medications for the procedure and what medications they have been or will be prescribed. The participant or a designee must upload prescription and medical documentation into the Affinity system within five (5) business days.
2. In the event of an emergency medical/psychiatric condition requiring treatment with a potentially impairing medication or controlled substance, the participant or a designee must upload prescription and medical documentation into the Affinity system within three (3) business days.
3. The participant or designee must provide written verification to PRN from the healthcare provider(s) of the medication(s) administered and prescription(s) given and the necessity for taking them prior to elective procedures where possible, but in all cases within three (3) business days of having had the procedure.
4. **While taking the medication, and for 24 hours after taking the last dose, the participant must agree not to work.**
5. If the participant has any unused medication they should promptly and appropriately dispose of it.

THE LONG-TERM USE OR CHRONIC USE OF POTENTIALLY IMIPAIRING MEDICATIONS FOR PSYCHIATRIC CONDITIONS

POLICY: In rare cases a participant may require a potentially impairing medication, particularly controlled substances for the treatment of a chronic psychiatric condition. PRN encourages the participant who does not have a Substance Use Disorder and who has been prescribed a potentially impairing medication on a long-term basis for a psychiatric disorder, to look for alternative medications. If the continuing use of the potentially impairing medication is required as determined by the treating physician, then PRN strives to ensure that the practitioner can practice safely while taking the medication. This includes medications with elevated potential for cognitive impairment in those with or without concurrent substance use disorders such as high dose sedatives, sedating neuroleptics, sedative hypnotics and opioids.

Given the definition of the disease of addiction accepted by the American Medical Association, and the numerous medication options with no or low likelihood of abuse, PRN discourages the use of controlled substances or substances that present a higher risk for abuse for the treatment of psychiatric conditions in participants who also have a substance use disorder history.

The following procedures are in order if the treating physician of the participant determines that a potentially impairing medication such as a stimulant or a benzodiazepine is needed for a psychiatric disorder in a participant whether or not they have a substance use disorder.

PROCEDURE:

1. The treating physician will send his/her psychiatric evaluation, psychological testing, and clinical documentation for prescribing the medication to PRN. Neuropsychological testing that includes continuous performance testing must be submitted for any participant who is being recommended to take psychostimulants. Documentation should include the status of any Substance Use Disorder, active or in remission.

2. The Medical Director or designee will review the information and determine whether the medication appears appropriate and whether the medication could affect the participant's fitness for duty or elevate risk for relapse of a substance use disorder.
3. If the Medical Director or designee determines the medication does not appear appropriate and/or that the medication could affect the participant's fitness for duty, PRN may request any of the following:
    a. Additional information from the treating physician
    b. A second opinion by an approved evaluator
    c. Additional psychological testing
    d. Additional neuropsychological testing
    e. Any other type of information or testing that will help determine the participant's ability to practice safely while taking the medication

f. Clear documentation of at least two (2) failed trials of non-controlled medications if those options are available.

4. After the additional information requested is obtained, the Medical Director or designee will again review the information and determine whether the medication appears appropriate and could affect the participant's fitness for duty.
5. If it is determined after the above steps that the medication appears appropriate and the person can practice safely under monitoring, then approval will be given for the medication usage, while practicing.
6. If it is determined that the participant cannot practice safely while taking the medication(s) then the participant must agree to refrain from practice until it can be determined that he/she is fit for duty as licensed.
7. At least quarterly updates (or more frequently, if clinically indicated) from the treating physician documenting ongoing care assessment of the psychiatric condition, and safety to practice must be sent to PRN.
8. The participant must upload a copy of all prescription medications to the Affinity system within one (1) business day.
9. The participant may have his/her participant contract amended and/or extended beyond the originally anticipated completion date. This amendment may be terminated if the participant is able to demonstrate a continuous period of time, typically one (1) year, in which they are able to function off all controlled substances or medications that have a potential for abuse or for negatively impacting cognitive/executive performance.
10. Evaluation by an approved independent evaluator to determine risk to the public without monitoring while taking these medications may be required towards the end of the participant contract prior to considering program completion.

11. Participants on chronic or long term potentially impairing medications will be reviewed at least annually for the need to undergo neuropsychological testing to an extent that demonstrates cognitive abilities to practice safely and to determine there is no cognitive decline from the ongoing use of medication(s).
12. If it is determined that the participant cannot practice safely while taking the medication(s), then the participant must refrain immediately from practice until it is determined he/she is fit for duty.
13. Prescribers of long term or chronic potentially impairing medications must be approved as treatment providers by PRN and agree to communicate verbally and electronically with PRN.
14. All changes in medication dosages must be communicated within three (3) business days to PRN and will be reviewed by the Medical Director or designee. Increases in dosage may require additional neurocognitive testing to confirm that the change has not affected the ability to practice safely.

LONG TERM OR CHRONIC USE OF POTENTIALLY IMPAIRING MEDICATIONS FOR MEDICAL CONDITIONS

POLICY: In rare cases a participant may require a potentially impairing medication and/or a controlled substance for the treatment of an ongoing chronic medical condition.

Given the definition of the disease of addiction accepted by the American Medical Association and the numerous medication options with no or low likelihood of abuse PRN discourages the use of controlled substances or substances that are likely to present a higher risk for abuse for the treatment of chronic medical conditions, in participants who also have substance use disorder history.

However, PRN recognizes that in rare cases, some chronic and/or extensive medical conditions in participants with substance use disorders may require the use of potentially impairing medications on a long-term or chronic basis. For the management of chronic pain conditions where an opioid trial is appropriate it is believed, if possible, that buprenorphine is a more appropriate long-term choice than a full mu opioid agonist or the participant's drug of choice or a shorter half-life medication. In addition, chronic use of opioids for non-cancer pain conditions has not been determined to be of significant benefit in terms of improved function and has the potential to impair executive/cognitive abilities. Likewise, long-term use of benzodiazepines has been shown to increase the risk of suicidal thoughts and can impair cognitive function. Therefore, these and similar medications are discouraged in general for those with or without substance use disorders who work in safety sensitive positions.

The following procedures are in order if the treating physician of the participant determines that a potentially impairing medication is needed for a medical disorder in a participant whether or not they have a substance use disorder.

PROCEDURE:

1. The treating healthcare provider will send his/her medical evaluation, testing, and clinical documentation for prescribing the medication to PRN. Documentation should include information on whether the participant has ever had a substance use disorder and, if so, what treatment was received in the past and the substance use disorder status of recovery.
2. The participant must upload a copy of all prescription medications to the Affinity system within five (5) business days of when they are written.
3. The Medical Director or designee will review all the information and make a determination of whether the medication appears appropriate and the potential extent of how the medication could possibly affect the participant's ability to practice safely given his/her profession and job duties.
4. If it is determined that the medication appears appropriate and the person can practice safely under monitoring, then approval may be given for the medication usage.

5. If the Medical Director or designee at any time determines the medication does not appear appropriate and/or that the medication could affect the participant's ability to practice safely, they may request any of the following:
    a. Additional information from the treating physician or healthcare provider
    b. A reevaluation by an independent PRN approved evaluator
    c. Additional psychological and/or neuropsychological testing
    d. Any other type of information or testing that will help determine the participant's ability to practice with reasonable skill and safety while taking the medication
6. After the additional information requested is obtained, the Medical Director or designee will again review the information and make a determination whether the medication appears appropriate and whether the medication could affect the participant's fitness for duty.
7. The participant must refrain from practice during the induction or any dose escalation of potentially impairing medications.
8. The participant may be required to undergo neuropsychological testing to determine a baseline of cognitive functioning on a stable dose of the medication.
9. Quarterly updates (or more frequently, if clinically indicated) from the treating healthcare provider documenting ongoing care and assessment of the medical condition, and ability to practice safely must be sent to PRN.
10. The participant may have his/her participant contract amended and/or extended beyond the originally anticipated completion date. This amendment may be terminated if the participant is able to demonstrate a continuous period of time, typically one (1) year, in which they are able to function off all controlled substances or medications that have a potential for abuse or for negatively impacting cognitive/executive performance.
11. Evaluation by an approved independent evaluator to determine risk to the public without monitoring while taking these medications may be required towards the end of the participant contract prior to considering program completion.
12. Participants on chronic or long term potentially impairing medications will be reviewed at least annually for the need to undergo neuropsychological testing to an extent that demonstrates cognitive abilities to practice safely and to determine there is no cognitive decline from the ongoing use of medication(s).
13. If it is determined that the participant cannot practice safely while taking the medication(s), then the participant must refrain immediately from practice until it is determined he/she is fit for duty.
14. Prescribers of long term or chronic potentially impairing medications must be approved as treatment providers by PRN and agree to communicate verbally and electronically with PRN.
15. All changes in medication dosages must be communicated within three (3) business days to PRN and will be reviewed by the Medical Director or designee. Increases in dosage may require additional neurocognitive testing to confirm that the change has not affected the ability to practice safely.

NALTREXONE/NALOXONE

POLICY: Research has shown that anesthesiologists, retail pharmacists, and other healthcare professionals who actively administer, dispense, or are closely involved with the administration, dispensing, or have other significant access/exposure to opioids have a lower relapse rate upon return to practice if they are taking monitored naltrexone. Participants who are identified at high risk for relapse and/or potential overdose of opioids will be required to take extended release injectable naltrexone for a minimum of two (2) years, unless medically contraindicated. An oral preparation may be approved under unusual circumstances.

For participants with an opioid use disorder, PRN recommends that they be placed on an opioid antagonist. If they are not, PRN will need written documentation from their physician as to why they cannot/should not take naltrexone orally or in injectable form. PRN also recommends that they carry and have in their vicinity at all times the opioid overdose reversal medication Narcan, which can be purchased at a Florida drug store without a prescription, and that those close to them know how to access it to assist them if that ever becomes necessary. If there is a documented contraindication to taking an opioid antagonist medication, the participant is encouraged to speak to their Case Manager about possible alternatives for medication assisted treatment.

The use of naltrexone for conditions other than opioid use disorder, e.g., alcohol use disorder or process addictions, may be required if indicated by the specifics of the participant's case. If such use of naltrexone is indicated, it will typically be required and monitored by PRN for a minimum of one (1) year.

PROCEDURE:

1. Participants required to take monitored oral naltrexone will be monitored through urine and/or blood testing for the taking of naltrexone.
2. If taking oral naltrexone, a daily log of ingestion may be required by the participant; if so, the ingestion of naltrexone must be witnessed at least twice a week with a written log signed by the witness.
3. If the participant is taking oral naltrexone, urine testing for the presence of naltrexone may be required 1-2 times per month.
4. When an opioid use disorder is present, the participant's file will be reviewed at the end of two (2) years of PRN monitoring to determine whether naltrexone may be discontinued when the participant requests a review. When an opioid use disorder is not present, such review will typically take place after one (1) year of monitoring.
5. Monthly injection logs or visit notes documenting that the injection was performed will need to be provided to PRN for those on the injectable form of naltrexone.

PARTIAL AGONIST OR AGONIST THERAPY FOR OPIOID ADDICTION WITH OR WITHOUT A CO-OCCURRING PAIN CONDITION

POLICY: It is believed that most professional individuals suffering from a substance use disorder are able to maintain abstinence with formal addiction treatment, mutual-help groups, and the use of antagonist therapy (e.g., oral naltrexone or injectable naltrexone) and individual recovery programs. However, it is recognized that there are those who may require alternative and/or ancillary methods. Rarely, a participant has been unable to maintain abstinence, despite being fully treated and monitored (American Society of Addiction Medication level 2.5 with healthcare specific groups, naltrexone and monitoring). PRN has determined that in these cases a closely supervised partial agonist opioid or agonist maintenance (methadone) may be considered. Partial agonist therapy is preferred as the initial option should partial agonist or agonist therapy for opioid addiction be considered. In order to ensure the participant can continue to practice safely, procedures have been developed for PRN approval of maintenance opioid therapy.

PROCEDURE:

1. The participant must have a PRN approved expert in the addiction field agree that partial or full opioid agonist is the treatment of choice at that time.
2. The case will be staffed with the Medical Director or designee for approval.
3. The participant may be required to refrain from practice during the induction or any dose escalation of potentially impairing medications.
4. The participant may be required to undergo neuropsychological testing to demonstrate cognitive abilities consistent with safe practice while on a stable maintenance dose of opioid therapy and any escalation in the dosage of the medications.
5. The participant must have the treating professional send a minimum of quarterly reports to PRN documenting the dose, progress, and continuing need for maintenance therapy.
6. Participants on chronic or long term potentially impairing medications will be reviewed at least annually for the need to undergo neuropsychological testing to an extent that demonstrates the ability to practice safely without a decline in testing performance.
7. If it is determined that the participant cannot practice with reasonable safety while taking the medication(s), then the participant must refrain immediately from practice until it can be determined he/she is fit for duty.
8. Prescribers of long term or chronic potentially impairing medications must be approved as treatment providers by PRN and agree to communicate verbally and electronically with PRN.
9. Any changes in medication dosages must be communicated within three (3) business days to PRN and will be reviewed by the Medical Director or designee. The participant must upload a copy of all prescription medications to the Affinity system within three (3) business days of when they are written.
10. Examination by an approved independent evaluator to determine risk to the public without monitoring may be required in most cases towards the end of the participant contract prior to considering discharge from the program.

PRN MONITORING GROUPS

PRN recognizes that ongoing, close monitoring can be beneficial to PRN participants. In order to ensure that PRN participants with substance abuse/dependency and/or mental health issues are progressing and doing well on an ongoing basis, facilitated monitoring groups have been developed. These groups are run by an approved PRN facilitator and are offered on a weekly basis. These groups are mandatory. No electronic devices are permitted in group to include cell phones, iPads, etc. For those who are on acute care call, you will need to inform your facilitator that you need to maintain your on-call device. If a PRN participant needs individual monitoring, PRN will attempt to find appropriate resources in the participant's location. If you are asked to attend a group that is further than 50 miles for your home or worksite, please discuss this with your Case Manager for alternatives.

VACATION OR EXTENDED LEAVE

POLICY: PRN recognizes that participants often go on vacation or otherwise travel and may not be as available to submit to a toxicology test if requested or to participate in monitoring activities. PRN supports participants taking care of themselves by taking vacations while under monitoring. However, it is also recognized that, at times, vacations may place a participant at higher risk of problems or relapse, as he/she may not have all support systems readily available. Therefore, participants should plan ahead of their vacation about how they will be able to ensure their stability and/or recovery, as well as fulfill the requirements of their participant contract. With the approval of PRN, a participant may be excused from certain participant contract requirements while they are traveling. Such approval may be limited or withheld at times by PRN, including early in the term of the participant contract and otherwise when temporary excusal from requirements presents an unreasonable risk to the participant remaining safe to practice in stable recovery. Additionally, PRN recognizes that at times participants may have circumstances where they are on an extended leave (greater than 15 calendar days) out of the country (such as in military service).

PROCEDURE:

1. Participants should notify their Case Manager and the Testing Coordinator a minimum of five (5) business days prior to departure of any pending vacation plans, leave plans, or any situation in which they are requesting a monitoring interruption.
2. Participants must send a copy of their itinerary to PRN for review.
3. PRN will review the requirements of their participant contract and will excuse therapy sessions, doctor appointments, facilitated groups and possibly other contract requirements, of participants while they are on vacation if the participant has approval from his/her facilitator, therapist, physician, other treating professionals, and the PRN clinical team.
4. Participants on vacation in the United States (including Hawaii and Alaska) must continue to check-in daily to the drug testing system if required by their participant contract or may elect to cease daily check-ins for up to 15 calendar days and have a "travel package" toxicology testing on return. A "travel package" includes expanded

urine testing and blood alcohol testing. Additional tests including hair/nail testing may be done on a case by case basis.

5. The drug testing third-party administrator or the drug testing lab will help the participant determine the closest drug screening collection sites to his/her destination. The participant must take chain of custody forms to the testing facility.
6. Participants must provide a specimen if they are chosen for a drug test through the drug testing system.
7. Participants who are out of the country and unable to check-in for drug testing may be excused for that time period.
8. Participants who are excused from checking in and testing while on vacation will have drug test(s) the day after they return to the United States in addition to any other requirements deemed appropriate by PRN.
9. Participants on an extended leave from the country will provide PRN with documentation of the reason and the length of time they will be on extended leave.
10. Participants on extended leave beyond fifteen (15) calendar days may have their monitoring contract duration suspended until they return to the United States. After review of the case the extended leave beyond fifteen (15) calendar days may be tolled.
11. Upon return to the United States and before they resume practice, participants may be required to undergo an extensive evaluation to determine their stability, recovery, and/or ability to practice safely. Their PRN participant contract will be reviewed for additions and deletions based on the evaluation.

MOVING OUTSIDE THE STATE OF FLORIDA

Participants in the course of their work may need to move or reside outside of Florida. PRN supports continuation of their monitoring and treatment in the state to which they move as well as through PRN if they continue to remain eligible for the program.

Procedures to follow when you are considering moving outside of Florida include:

1. Participants who intend to move to reside outside of Florida must notify their PRN Case Manager immediately of their intent to move and the date they expect to leave Florida, if applicable. In addition, notice to the participant's PRN Case Manager must be given before applying for licensure as a practitioner in another state or jurisdiction, regardless of whether the participant intends to remain a Florida resident.
2. PRN will staff the case and determine appropriate monitoring options for the participant in the new state.
3. A participant who moves permanently to a different state will have his/her case transferred to the operator of the professional health program (PHP) or comparable

program of that state, provided one exists. PRN will continue as a secondary monitor, if the participant continues to remain eligible for the Florida program (e.g., retains Florida licensure).

4. A participant who works in another state, but resides in Florida, provided they are licensed in Florida or applying for licensure in Florida, may be monitored by PRN and the program of the state in which they work.
5. Though typically PRN accepts the monitoring guidelines in place in another state when that other state assumes the role of primary monitor, there may be instances in which PRN would require additional monitoring, treatment and/or evaluation procedures.

COST

Payment is expected and goes directly to those who supply a service to the PRN participant such as evaluators, facilitators and treatment providers. PRN does not currently charge for its monitoring services.

COMPLIANCE LETTERS/VERIFICATION OF COMPLETION LETTERS

POLICY: Compliance letters at times are needed by current participants. Letters will be written for participants in compliance and good standing with PRN.

PROCEDURE:

1. The participant must send a request for a letter of compliance by Affinity message, email or the postal service.
2. The participant must indicate the reason for the letter, who the letter is being sent to, and the address for the letter.
3. The participant must have on file a current written and signed consent for PRN authorizing the release of such information.
4. The participant's records will be reviewed for compliance. Additional toxicology, reports, and/or evaluations may be requested before the compliance letter is written.
5. Completed requests must be received in the PRN office at least ten (10) business days prior to the date the letter is needed.

POLICY: Verification of program completion letters at times are needed by former participants. Letters will be written for former participants who completed their PRN participant contract.

PROCEDURE:

1. The former participant must send a written request to PRN for a verification of completion letter.
2. The former participant must indicate the reason for the letter, to whom the letter is being sent, and the address for the letter.
3. The former participant must have on file a current written and signed consent for PRN that authorizes the release of such information.
4. The former participant's records will be reviewed for compliance and completion.
5. The former participant will be informed of the administrative fee, if any, that will be required before the letter for prior participation will be written.
6. The letter will address only the dates of participation and completion.
7. The request will typically require at least ten (10) business days for PRN to process.

COMMUNICATION WITH PRN

It is **imperative** that PRN be able to communicate with you by phone, video conferencing, Affinity messaging, written correspondence, and through email. It is your responsibility to inform PRN of your current home and work addresses as well as phone numbers and email for both. You **must** provide PRN with any changes to your address, phone or treatment provider within 24 hours. PRN must be aware of all of your practice locations at all times. Any anticipated or desired change in job or practice location must be reviewed with your Case Manager prior to engaging in job interviews or signing contracts. Failure to do so will be considered an issue of material noncompliance. You may not designate another individual or entity to fulfill this responsibility. The only exceptions are listed on page 13, in the section, Other Communication.

IN CASE OF EMERGENCY

PRN does not operate as a provider of emergency services. If you are experiencing an emergency, you should call 911 or follow the emergency procedures of your personal healthcare team. Staff may be reached by calling 1-800-888-8776 and following the voice prompts. Non-emergencies (e.g., forgetting to call Affinity, closed drug testing locations, etc.) or other information that can be addressed during normal working hours may be left on the voice mail system. Staff will return your call during the next scheduled business day. Email or Affinity messages for your CM will be responded to within two (2) business days. Please contact the office if you have not received a response within this time frame.

ISSUES OF NONCOMPLIANCE AS DEFINED BY DOH AND DBPR

The DOH and DBPR require PRN to address issues of noncompliance by participants. Participants who, after repeated notification of the discrepancies, continue to demonstrate a pattern of not adhering to PRN contract guidelines will be considered non-compliant and must be referred to the Department of Health (Medical Quality Assurance-Legal), Department of Business and Professional Regulation, and/or appropriate licensing board per PRN's contracts with the DOH and DBPR.

Per DOH policy, material noncompliance or inability to progress shall include, but shall not be limited to the following acts or omissions:

Level I Material Noncompliance:

1. Trafficking
2. Practicing while refrained
3. Sexual misconduct
4. Other acts or omissions, or combination of acts and omissions which the Department or PRN determine constitute Level I material noncompliance

Level II Material Noncompliance:

1. Established relapse
2. Established relapse with diversion or forgery
3. Arrests involving use or possession of alcohol or controlled substances
4. Other acts or omissions, or combination of acts and omissions which the Department or PRN determine constitute Level II material noncompliance

Level III Material Noncompliance:

1. Unexcused missed drug screen
2. Positive and confirmed drug screen not explained by a prescription or practitioner's order acceptable to Provider
3. Tampered drug screen
4. Unexcused absences from required meetings, therapy, evaluations, or other occasions where attendance is mandatory under the participant contract
5. Ingestion of drugs or alcohol in violation of the participant contract
6. Illegal possession of drugs
7. Where medicine is prescribed to treat the illness or condition causing impairment, the failure to take the medication as prescribed
8. Where participant is restricted from access to narcotics or other substances, violating that restriction
9. Unexcused failure to respond to contact from PRN
10. Other acts or omissions, or combination of acts and omissions which the Department or PRN determine constitute Level III material noncompliance

PRN's contracts with DOH and DBPR require the following in response to incidents of noncompliance:

1. First incident of Level I material noncompliance requires PRN to refer the licensee to the Department within one (1) business day
2. First incident of Level II material noncompliance requires PRN to refrain the licensee from practice under terms and conditions set by PRN and agree to comply with program requirements as a condition of continued program participation. If the licensee refuses to refrain from practice as instructed by PRN or otherwise refuses to comply with program requirements, PRN must refer the licensee to the Department within one (1) business day.
3. Second incident of Level II material noncompliance requires PRN to offer two (2) options to the licensee:
    a. PRN referring the licensee to the Department within one (1) business day or
    b. The licensee executing a voluntary withdrawal from practice (VWP) for PRN to transmit to the Department and agreeing to comply with program requirements. If the licensee fails to advise PRN of their chosen option within three (3) business days, the licensee will be deemed to have chosen option (a) and PRN will proceed accordingly.
4. Third incident of Level II material noncompliance requires PRN to refer the licensee to the Department within one (1) business day of the third incident of material noncompliance. The referral will include a Memorandum of Noncompliance outlining the current status or prognosis of the impaired licensee with recommendations from PRN as to whether the Department should refer the incident for disciplinary action including potential emergency action or prosecution or if the impaired licensee should be dismissed from the impaired practitioner program. PRN must ensure the licensee has a valid VWP on file with the Department before amending the participant contract, or continuing the current participant contract without amendment.
5. An incident of Level III material noncompliance requires PRN to evaluate the participant for safety and conduct revisions to the participant's participant contract as deemed appropriate by PRN.

A relapse episode is treated as an incident of Level II material noncompliance. In addition to the regular consequences for a Level II material noncompliance, PRN will require the licensee to enter into a recovery plan acceptable to PRN. In instances where the recovery plan involves treatment initiated beyond the 30-day relapse period, such as awaiting inpatient treatment or the coordination or resources, the participant is still considered in the initial relapse period and PRN will ensure the participant is still refrained from practice or has a VWP on file with the Department as applicable. However, further acts or omissions that occur beyond the 30-day relapse episode cannot be counted as a continuing episode. All subsequent incidents of material noncompliance beyond the initial 30-day relapse episode will be counted separately and be considered separate and additional incidents of material noncompliance.

FREQUENTLY ASKED QUESTIONS

Q: How often do I need to check-in with the Affinity Notification System?

A. Participants are required to check-in every **MONDAY THROUGH FRIDAY**, between the hours of 12:30 a.m. and 12:00 p.m. (noon), **excluding holidays**. You may change your time zone to Atlantic Time for a one-hour earlier check-in. Please contact the PRN Testing Coordinator.

Q: I have been selected to begin checking-in with Affinity; however, the Affinity system is not recognizing my social security number.

A: Contact Affinity immediately. It is possible that Affinity has not received your application form or your application form is incomplete. It's also possible that your social security number or date of birth may have been recorded incorrectly.

Q: Do I need to call Affinity even when I am traveling?

A: If you are traveling **within the state of Florida**, you are required to continue checking-in with Affinity. If you are selected to be tested on a day that you are traveling within the state, call Affinity to identify a collection site in your area of travel.

If you are traveling **outside of the state of Florida**, you are required to continue calling Affinity. You will be required to fax proof of travel to PRN upon your return. You may be required to submit a specimen at an Affinity/PRN arranged site.

If you are traveling **outside of the country**, you will not be required to call in. You must provide proof of travel in advance.
You will undergo toxicology testing upon your return.

Q: What if I fail to check-in with Affinity on any given day?

A: If you fail to check-in with Affinity at any time Monday - Friday during the hours of **12:30 a.m. -12:00 p.m. (noon)**, this may affect your program participation negatively. Please see the Toxicology Drug Testing section for possible penalties and consequences.

Q: Are my conversations with Affinity confidential?

A: Yes. All Affinity employees sign a confidentiality agreement; any discussions outside of the PHM (Professional Health Monitoring) team are restricted.

Q: What do I need to bring with me to the collection site?

A: Be sure to show your Affinity wallet ID card to the drug test collector, even if the collector does not request it. This ID card will indicate to the collector what form needs to be completed during the collection process. The collector is also required to see your photo ID or driver's license. The collection site should have a chain of custody form faxed to them by AOS. You should have a chain of custody form with you if using a third-party site.

Q: What can I take if I am sick?

A: Refer to the medication list for possible over the counter remedies. You should always read the label and it is wise to consult your primary care provider. **You are responsible for what you take if you have a positive urine drug test.**

Q: How does PRN get reports from my treatment providers?

A: When you sign the participant contract, PRN sends your provider a copy of your contract, evaluation if appropriate, and a report form. It is your responsibility to make sure the report gets to PRN in a timely fashion.

Q: How often do I have to attend the PRN group?

A: Weekly

Q: What if I would like to use a drop site that is not on the Affinity list?

A: Call the Affinity staff and they will attempt to work with the site to get them approved as a third-party drop site.

PRN STAFF

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APPENDIX I
Evaluations for Initial Referrals

POLICY: Reports to PRN originate from many sources (e.g., self-reports, DOH, DBPR, attorneys, hospitals, professional schools, other practitioners). All reports on eligible practitioners and students for actual or suspected impairment are reviewed and will be referred for an evaluation by an approved program evaluator when the report alleges facts giving rise to a reasonable suspicion that an impairment may exist. Please also see Policy 3 regarding program eligibility.

PROCEDURE:

1. After review of the information provided, a program file will be opened.
2. The Medical Director and/or designee will identify at least three approved evaluators who are appropriate to evaluate the referral unless the program does not have three approved evaluators who are qualified to evaluate the referral on the particular issue(s) relevant to the referral. These choices will be given to the referral.
3. All evaluations must be facilitated by PRN in advance for reasons including that an appropriate approved evaluator is chosen, all referral and collateral information is provided to the evaluator, and that PRN's protocol for an acceptable evaluation report is followed. PRN may not accept an evaluation report unless the evaluation has been facilitated in advance by PRN, even if performed by an otherwise approved evaluator. **An evaluation appointment time and date must be provided to PRN within three (3) business days of your being informed via email and/or phone message of evaluation options.**
4. The evaluation must take place within thirty (30) calendar days of the evaluation options being provided. If this is not possible, another evaluator from the provided choices should be selected. Any additional options must be obtained from the designated Case Manager.
5. PRN will send all relevant information to the chosen evaluator by a secure method once the release of information has been completed.
6. PRN will log and track the evaluation process in the electronic record.
7. The evaluator must send a preliminary evaluation report and/or communicate the evaluation conclusions to PRN within one (1) business day of the evaluation unless extenuating circumstances for a delay are approved by the PRN Medical Director or their designee.
8. The evaluator must send the final evaluation report to PRN within fifteen (15) calendar days after the evaluation is performed. A report must be sent. If the evaluator determines that additional information should or must be included to render a final opinion this should be stated in the report and the final rendering should be sent as a formal addendum.
9. After the evaluation results have been received by PRN, the evaluation will be logged and routed for staffing to review the evaluation and file.
10. The evaluator's recommendations will be considered in the staffing of the case. However, while evaluators make recommendations, PRN has the right and responsibility to make final decisions regarding monitoring and all other program requirements.

The final evaluation report will be reviewed with the referral within three (3) business days of receipt by PRN whenever practicable

APPENDIX II
Second-opinion evaluations

POLICY: As described below, a program referral or participant may request a second-opinion evaluation, after the initial evaluation facilitated by PRN has been completed. Second-opinion evaluations must be completed by a multidisciplinary team approved by PRN. The multidisciplinary team must be led by an approved evaluator. The first opinion may be accepted and/or modified based on the second opinion. However, under no circumstances is PRN required to accept and/or follow only the recommendations of the second opinion. Third opinions are not recognized.

PROCEDURE:

1. A program referral or participant may request a second-opinion evaluation to be facilitated by PRN. The second-opinion evaluation must be requested within seven (7) business days of the completion and review of the findings and recommendations with a Case Manager. The second-opinion evaluation must be completed within thirty (30) days of the review of the first-opinion evaluation report. This means that the second-opinion evaluation must be scheduled, completed, and the final report received by PRN within thirty (30) days.
2. Second-opinion evaluations may only be completed by a multidisciplinary team approved by PRN. The multidisciplinary team must be led by an approved program evaluator.
3. The program referral or participant will be required to refrain from practice and possibly submit a VWP while awaiting the second opinion results if the first opinion found the individual not safe to practice.
4. The same process used for facilitating initial evaluations is followed for the second-opinion evaluation. The multidisciplinary team conducting the second-opinion evaluation will be informed by PRN that another evaluation was previously conducted and will be given a copy of the evaluation report prepared by the first evaluator.
5. After receipt of the second-opinion evaluation final report, PRN will staff the case and review both evaluation reports.
6. Both evaluators' reports and recommendations will be considered in the staffing of the case. However, while evaluators make recommendations, PRN has the right and responsibility to make final decisions regarding monitoring and all other program requirements.
7. Any requests for a third opinion evaluation will be denied.

APPENDIX III
Polygraphs Used in Evaluations

POLICY: In certain types of evaluations (including, but not limited to, evaluations for potential sexual disorders and substance use disorders), the evaluator may request that the individual being evaluated undergo a polygraph as part of the evaluation. PRN supports the use of polygraphs. Additionally, circumstances such as sexual disorders, a history of professional sexual misconduct, or a history of the abuse of non-detectable or non-monitorable substances may require periodic maintenance polygraphs for adequate monitoring.

PROCEDURE:

1. If the evaluator requests a polygraph in the context of evaluating a program referral or participant, the individual is expected to comply.
2. Any objection from the attorney of the referral or participant will be noted in the PRN file.
3. If the referral or participant refuses a recommended polygraph, then the evaluation will be considered incomplete and PRN will inform the individual that they cannot participate in the program until the evaluation is complete.

In cases of monitoring, if requested polygraphs are refused, the individual may be referred for a comprehensive recovery status evaluation or referred to their licensing board as being unable to be adequately monitored

APPENDIX IV
Grievance Procedures

POLICY: For any person who believes they have been aggrieved by PRN's operation of the impaired practitioner program, PRN provides and fully supports processes for the resolution of both internal grievances and grievances made to the Florida Department of Health or Department of Business and Professional Regulation. PRN is committed to the full, fair, and efficient resolution of any grievance relating to the program and will not take any adverse action in retaliation against any individual who files a grievance under either or both processes.

PROCEDURE:

Grievances Submitted to PRN

1. The grievance must be submitted in writing to PRN, to the attention of the Medical Director, PRN, P.O. Box 16510, Fernandina Beach, FL 32035-3126. These may not be submitted by fax, email or Affinity message.
2. The grievance should include all operative facts and how the individual alleges to be aggrieved.
3. If the individual specifically requests a call with the Medical Director to discuss the facts relating to the grievance, the same should be indicated in the grievance report.
4. The PRN Medical Director or designee will review the case file and the information provided in an effort to verify the facts and assess the allegations.
5. The PRN Medical Director will provide a response and, if indicated, an action plan in response, within two (2) weeks of the receipt of the grievance. If necessary, the PRN Medical Director will contact the individual to discuss the grievance and any proposed resolution.
6. If the grievance relates specifically to the conduct of the PRN Medical Director, the grievance should be addressed to the attention of the Chairman, PRN Board of Directors, to the same address. The grievance will then be handled by the Chair, Board, or designee of the Board, otherwise following the process above.
7. The filing of an internal grievance with PRN does not preclude the submission of a grievance to the Department of Health or Department of Business and Professional Regulation as described below.

Grievances Submitted to the Florida Department of Health or Department of Business and Professional Regulation

PRN is responsive to grievances from concerned parties submitted to the Department of Health, Division of Medical Quality Assurance ("MQA") or DBPR, and will endeavor to work with MQA or DBPR to fully and effectively resolve the grievance to the satisfaction of MQA, DBPR, and the person alleged to be aggrieved. When an individual files a written or verbal grievance with MQA or DBPR against PRN or one of its staff members, the following steps are taken:

1. An MQA or DBPR representative will contact the PRN Medical Director or designee to report the grievance and to provide information about the grievance.
2. The PRN Medical Director or designee will review the case file and the information provided in an effort to verify the facts and assess the allegations.
3. The PRN Medical Director will then send a written report within two (2) weeks to the appropriate contact at MQA or DBPR which will include:
    a. A summary of the PRN Medical Director's review of the case and the grievance
    b. An assessment of the complainant's allegations
    c. A plan to address the complainant's allegations if indicated, including follow up of the effectiveness of the plan when implemented
    d. When indicated, a follow-up report will be sent to DOH MQA or DBPR