

MSDA
Maryland State Dental Association
Dentist Well-Being Committee
Advocacy Contract

I, DDS met with certain members, or representatives of the Dentist Well-Being Committee (hereafter referred to as the Committee) understand and agree with the Committee's assessment that my ability to properly practice dentistry was impaired by reason of Alcohol Dependence. I further understand that the Committee will act as my advocate and assist me in my recovery in exchange for my complete compliance with the program as outlined in this Contract.

I understand that this contract has been designed to allow my colleagues to assist me in meeting my personal and professional needs as a recovering dentist, and is entered into for the purpose of assuring complete understanding of the terms and times specified for my participation in the Committee's Program.

I also understand that this Contract could, with my consent, become incorporated into an Order of the State Board of Dental Examiners (SBDE) as a result of an independent investigation by the SBDE regarding my impairment. In such an event, I understand that any changes in the terms of my participation in the Committee's Program would also require approval by the SBDE.

- (1) I will present myself for evaluation for the purposes of establishing diagnosis /treatment recommendations.

- (2) I will receive a physical exam for the purpose of establishing my physical status.

- (3) I will enter an inpatient facility for rehabilitation as approved by the Committee and will remain until discharged by my therapist.

(4) I will enter an outpatient rehabilitation/treatment program as approved by the Committee and will remain until discharged by my therapist(s).

(5) I will attend self-help meetings as approved by the Committee and I will acquire a home group and a sponsor. I further agree to attend, when directed, Caduceus Club meetings, Dentist Support Group, and/or professional recovery group meetings, such as the Capital Medical Group in Bethesda, Maryland or the Health Professionals AA Group in Baltimore, Maryland.

I will take responsibility for documenting my attendance at self-help fellowship meetings by submitting to the Committee, on a monthly basis, a list of meetings attended containing the following information:

- (a) Name, date, time and place of the meeting;
- (b) Chairperson's name;
- (c) Description of topic discussed or focus;
- (d) my thoughts and feelings regarding the experience.

Will attend Dental Support Group 2 times per month

Will Attend 3 AA meetings per Week

Will attend the Shep Pratt Education Series for 8 sessions.

(6) I will participate in a supervised/observed chemical screening program approved by the Committee. Any deviation from this established schedule must be approved by the Committee. In the event that this contract is incorporated into any Order of the SBDE, I understand that the SBDE must also approve any change in my chemical screening schedule.

(7) I will take Antabuse and/or Trexan, if recommended by my therapist(s) or the Committee.

(8) I will take responsibility for assuring that the individual treating me makes timely reports to the Committee concerning my participation in therapy, my progress, my prognosis, and my ability to return to or remain in active practice. The frequency of the reports will be determined by the Committee. In the event that this contract is incorporated into any Order of the SBDE, the frequency of the reports shall be sufficient to enable the Committee to

make quarterly reports to the SBDE.

- (9) I accept responsibility for arranging regular meetings and will meet with the monitor assigned to me by the Committee who will assist me in recovery and who will monitor my progress and make reports to the Committee. The frequency of the meetings may be changed by the monitor with approval of the Committee.
- (10) I will not self prescribe medication.
- (11) I will consume no alcohol or mood-altering substances including marijuana, cocaine or other illegal substances. I will not take any medication obtained through prescription or otherwise, unless dispensed by a physician in an appropriate manner for a legitimate medical purpose with full knowledge of the Committee. I agree that my personal physician(s) may inform the Committee of conditions for which I am under treatment and shall inform the Committee of any and all drugs or medications, prescriptions and over-the-counter, included in the treatment plan. I will also request that drugs with potential psychological or physical dependence not be prescribed or dispensed to treat illnesses unless there is no alternative treatment available.
- (12) For Self - Referrals:
If at any time during this contract I have a relapse, the Committee will recommend an augmentation of my treatment, which may include inpatient treatment. I understand that a serious relapse will result in an automatic referral to the SBDE.
A serious relapse includes:
 1. Involvement with Law Enforcement officials (eg. DEA)
 2. DUI, DWI or related event
 3. Treating patients while under the influence of alcohol or other drugs.
 4. Failure to follow the Committee's recommendations to re-engage in treatment.
- (13) For Self - Referrals
The Committee will make an automatic referral to the SBDE if:
 1. There is a second relapse of any nature (serious or not).

2. I fail to comply with the terms of this contract.
3. The Committee believes that I may represent an imminent danger to myself or others.

- (14) For Board - Referrals
Any relapse will be reported to the SBDE within 24 hours.
- (15) I hereby authorize the Committee to communicate information concerning me from Committee files to the individual treating me for the condition that resulted in this Contract and authorize him or her to communicate information to the Committee concerning my participation in treatment, progress, prognosis, and ability to continue in active dental practice. I understand if a referral to the SBDE is indicated under the terms of this agreement or Board Order, the Committee will communicate information to the SBDE concerning my treatment, progress, compliance with this contract and my ability to return to or remain in active practice. I will execute any releases deemed necessary by the Committee to facilitate this communication concerning my treatment, progress, compliance with this contract, and my ability to return to or remain in active practice.
- (16) I will provide the Committee a list of other jurisdictions in which I am licensed. I authorize any communications necessary with other dental societies or other jurisdictions concerning my case to facilitate the monitoring of my compliance if I am licensed in more than one jurisdiction or apply for a dental license in any other jurisdiction.
- (17) I will notify the Committee of any change of address, telephone numbers, employment, legal status, and marital or family conditions that might have relevance to my recovery from impairment.
- (18) I will be responsible for all expenses incurred as a result of my impairment and recovery. I further agree to pay for all costs incurred in chemical screen monitoring for my protection and to document my recovery.
- (19) I understand that upon completion of successful participation in this program of recovery, as outlined in this contract, I will no longer continue under the monitoring of the Committee. My voluntary compliance with this treatment program contract is a condition of the Committee's continuing advocacy on my behalf. Additionally, I agree to participate in follow-up studies, to

respond to surveys initiated by the Committee for the purposes of assessing the efficacy of the Dentist Well-Being Program.

(20) Practice Restrictions:
None

(21) Term

This agreement is intended to last 5 years. The first 2 years are typically the Treatment Phase. The last 3 years are typically the Monitoring Phase. It may be revised if necessary.

This contract shall be effective from _____ through _____.

Date

Signature of Dentist Participant

Date

Signature of Committee Chair or Designee
Dentist Well-Being Program