

RECOVERY NETWORK PROGRAM CONTRACT

This Contract is made this ____ day of _____, 20____, between the Florida Department of Education, Recovery Network Program (“RNP”), _____ (“Participant”), and _____ (“Treatment Provider”) related to the Participant’s and Treatment Provider's participation in the Recovery Network Program. The parties agree as follows:

WHEREAS, an educator who is admitted to the RNP must contract with the Treatment Provider and the RNP prescribing the type of treatment and the responsibilities of the educator, including monitoring of the educator's progress by the RNP, in accordance with section 1012.798, F.S.

1. THE PARTICIPANT AGREES TO:

- A. Complete all sections of the Recovery Network Program Intake and Limited Waiver of Confidentiality Form and return the Form to the program prior to being evaluated or engaging in treatment.
- B. Notify the RNP by phone or in writing via email, fax, or mail when he or she has chosen a treatment provider. The written notification must include the name and contact information of the provider, along with the date and time of the scheduled appointment.
- C. Pay for his or her evaluation or treatment under terms and conditions agreed upon by the participant and the treatment provider.
- D. Provide a complete copy of the Final Order to the treatment provider prior to the initial appointment with the treatment provider for an evaluation if the participant is required by a Final Order to participate in the RNP.
- E. Provide a complete copy of the Final Order to the treatment provider, if the participant is required by a Final Order to participate in the RNP and if further treatment is recommended after the evaluation.
- F. Provide a complete copy of the evaluation report to the treatment provider if further treatment is recommended after the evaluation.
- G. Deliver progress reports or documentation from the treatment provider relating to participation in the program to the RNP.
- H. Follow the treatment plan developed by the treatment provider and included as Attachment A to this contract, making satisfactory progress towards treatment goals as determined by the RNP pursuant to Rule 6A-10.052, F.A.C.
- I. Notify the RNP of any new allegations of misconduct being investigated by his or her district or of any arrest.
- J. Notify the RNP in writing via email, fax, or mail of any changes in employment or his or her contact information within 48 hours of the change.
- K. Execute a release with treatment provider(s) allowing the provider to communicate verbally with and provide treatment records to the RNP. This release shall only cover communication and records regarding his or her participation in the program.
- L. If participant is required to submit to random or periodic drug screening through the RNP by a Final Order, then the participant will:
 - 1.) Submit to random or periodic drug screening on the day selected. It is the participant’s responsibility to verify the hours of operation for urine drug screenings at his or her selected lab;
 - 2.) Provide the RNP with copies of all valid prescriptions issued to the participant and provide updated copies upon expiration;
 - 3.) Create an account with the drug screening program upon direction from the RNP;

- 4.) Maintain a valid debit or credit card in his or her drug screening program account to pay for the random or periodic drug screenings; and
- 5.) Check into the drug screening program via phone, website, or cell phone application, as directed by the RNP, on Monday-Friday, except Federally Observed holidays and leave time approved by a school administrator. All leave approved by a school administrator must also be submitted to the RNP in writing via email, fax, or mail at least one (1) week prior to the leave.

2. THE TREATMENT PROVIDER AGREES TO:

- A. If participant is required by a Final Order to participate in the RNP, review the participant's Final Order in its entirety and conduct the evaluation or treatment services based upon the material allegations set forth in the Administrative Complaint or Notice of Reasons.
- B. Provide a fee schedule to the participant and to the RNP which includes fee amounts for all services provided to the RNP participants. The fee schedule shall be incorporated as Attachment B to this contract and treatment providers shall not charge in excess of the fee listed for each specific service. Any changes to fees shall be provided to the participant and to the RNP by submitting a revised fee schedule prior to charging participants the new fee. Fees shall not exceed reasonable, prevailing fees and charges for the same or similar services in the provider's local area.
- C. Discuss all anticipated fees with the participant prior to engaging in the evaluation or treatment services. This must include any fees associated with reports or other documentation required by the RNP.
- D. Upon completion of the evaluation or treatment, provide a copy of the written evaluation or documentation of treatment completion to the participant, unless provision of the documents would be harmful to the participant, within 10 days of completing the service, addressing any specific written information required by the Final Order.
- E. Provide monthly written treatment progress reports to the participant unless more frequent reporting is specified by the RNP.
- F. Maintain all qualifications required for approval as a treatment provider, pursuant to Rule 6A-10.051, F.A.C. The treatment provider agrees to immediately notify the RNP of any discipline or change in status of professional license, certificate, or other qualification required by this Contract within 10 days of the change occurring.
- G. Respond to communication from the participant and the RNP within two (2) business days.
- H. Provide the participant with treatment which meets or exceeds the standard of care required by law and by professional standards of practice.

3. THE RECOVERY NETWORK PROGRAM AGREES TO:

- A. Monitor the participant's progress in the RNP and determine eligibility for continued participation in the program.

Attachments:

A: Treatment Plan

B: Provider Fee Schedule

I have read, understand, and agree to all of the above.

EDUCATOR:

<i>Print</i>	<i>Signature</i>	<i>Date</i>
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TREATMENT PROVIDER:

<i>Print</i>	<i>Signature</i>	<i>Date</i>
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RECOVERY NETWORK PROGRAM ADMINISTRATOR:

<i>Print</i>	<i>Signature</i>	<i>Date</i>
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