

TAPNET PARTICIPATION AGREEMENT

I, _____, the undersigned counselor, have voluntarily chosen to participate in the Texas Addiction Professionals Peer Assistance Network (TAPNET), a DSHS approved program operating under Chapter 467 of the Texas Health and Safety Code.

- I acknowledge receipt of the "TAPNET Participant Handbook" which sets out the terms of participation in TAPNET. I understand that TAPNET agrees to assist me only according to these terms, and I agree to abide by them.
- I have read and understand the "TAPNET Participant Handbook" and had the opportunity to ask my TAPNET Case Manager any questions I might have about the terms of participation in TAPNET.
- I have read and understand the TAPNET Participant's (Bill of) Rights included in the "Participant Handbook."

I understand that the terms of participation in TAPNET include the following and that these and the other terms of participation are explained in more detail in the "TAPNET Participant Handbook". Any exceptions or modifications to the terms of participation are addressed on an individual basis and must be approved in writing by the TAPNET Program Director or Case Manager.

1. The length of the program for counselors is a minimum of **two (2) years**.
2. Participants are responsible for timely payment of any fees required for participating in TAPNET. Failure to pay a required fee is grounds for dismissal from the program and referral of participants to the Texas Department of State Health Services (DSHS), or Texas Certification Board of Addiction Professionals (TCBAP).
3. Participants must abstain completely from the use of all illicit substances, controlled medications, or other abuseable medications and alcohol. TAPNET expects participants to try non-narcotic approaches before mood-altering medications are prescribed unless medically indicated by their primary physician. However, participants with conditions necessitating mood-altering medications may not be appropriate for TAPNET.
4. Random drug screens are required for all participants experiencing problems with substance abuse/dependency and may be required for participants experiencing problems with mental illness. Participants are responsible for the cost of drug screens.
5. Any unauthorized use of abuseable medications or substances is considered inconsistent with good recovery and requires a complete re-evaluation of a counselors' participation in TAPNET, as well as an extension, a restart or dismissal from TAPNET.
6. Participants with a positive drug screen must refrain from practicing counseling pending review of the appropriateness of their continued participation in TAPNET. TAPNET considers a confirmed positive drug screen of any abuseable substance as conclusive evidence of the use of that substance.
7. Participants may be dismissed from the program for noncompliance with any terms of participation including a determination by TAPNET that counselors have demonstrated behaviors inconsistent with good recovery.
8. Counselors who are referred by a third party and elect not to participate, are non-compliant, withdraw, or are dismissed from TAPNET, are normally reported to the DSHS or TCBAP. Counselors who are self-referrals are reported to the DSHS or TCBAP should they not successfully complete TAPNET.
9. Participants must secure and complete appropriate treatment for their substance abuse/dependency or mental illness. Participants have the right to choose their healthcare provider as long as appropriate treatment, as determined by TAPNET, is obtained. Participants are responsible for the cost of assessment(s), and treatment(s).
10. Participants must have primary physicians who are knowledgeable about their participation in TAPNET.

(AGREEMENT CONTINUES ON THE NEXT PAGE)

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- 11. Self-Help/Therapy group attendance of up to seven times per week may be required.
- 12. Participants are required to demonstrate safe counseling practice for a designated length of time.
- 13. Participants must notify TAPNET before accepting any employment. Before returning to counseling practice, participants must have a release to return to work from their healthcare providers and must sign a TAPNET Return to Work Agreement that includes restrictions on practice.
- 14. Restrictions on practice may include no access to controlled medications, no unsupervised practice and no overtime or on-call assignments, as outlined in the "Participant Handbook."
- 15. Participants must sign consent forms authorizing TAPNET to exchange information with health care providers (including primary physician), treatment facilities, employers, potential employers, emergency contacts and the licensing board. Counselors not wishing to sign such consents are not eligible for TAPNET.
- 16. TAPNET is a Texas-based program. Participants leaving Texas may not be able to continue in the program.
- 17. Participants are responsible for maintaining communication with their TAPNET case manager, advocate, and healthcare provider. Participants are responsible for timely submission of all required forms to TAPNET.
- 18. If TAPNET ceases to operate for any reason, including lack of adequate funding, participants enrolled in the program will be referred to DSHS, and/or TCBAP unless the board directs TAPNET to refer the counselor to some alternative entity. What action, if any, is taken by the DSHS or TCBAP will be the sole decision of the DSHS OR TCBAP.
- 19. No changes in the terms of participation or any TAPNET agreement or form may be made without written consent from TAPNET.
- 20. TAPNET Advocates, counselors who volunteer with TAPNET, may be associated with treatment facilities. Participants have the right to request disclosure of such associations.

TO BE COMPLETED BY THE TAPNET OFFICE

TYPE OF PARTICIPATION: Substance Use Disorder _____ Mental Illness _____ Dual Diagnosis _____
TYPE OF REFERRAL: Third-Party _____ Self _____ Board Order _____

CASE NUMBER: _____ CASE MANAGER _____

PARTICIPANT HANDBOOK VERSION #: 09/08
This agreement becomes active at the time of signing and is subject to change.

NAME: _____ / _____
(Participant's Signature) (Date)

Print Name: _____ License # _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ (Cell) _____

THE PARTICIPANT IS TO MAIL ORIGINALS PG. 1 & PG. 2 TO TAPNET AT ADDRESS BELOW
1005 Congress Ave., Ste. 460*Austin, Texas 78701*Ph. (877) 4TAPNET *Fax 512-476-7297*www.tapnettx.org *peerassistance@taap.org