

## TAPNET APPLICATION FOR PARTICIPATION

TAPNET is a non-disciplinary monitoring program that may be offered to licensed chemical dependency counselors when alcohol/drug abuse or mental health issues have been reported. It has been determined that you may be eligible to participate in TAPNET peer assistance. If eligible, it will be necessary for you to sign the TAPNET participation agreement and applicable consent form, as well as review the TAPNET participant handbook. Compliance with TAPNET requirements allows you to retain your LCDC license.

Participation in TAPNET is voluntary. The alternative is to refer to the licensing board for further action. By completing this application, you are expressing your desire to participate in the TAPNET program. The fee for peer assistance case management is \$250 for the full program and \$125 for the Extended Evaluation Program (program determined by assessment). Participants are also responsible for all fees associated with drug testing and treatment. Please complete this form and return it along with case management fee.

**NOTE: There is a NO REFUND Policy on TAPNET enrollment.**

### **APPLICANT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License/Credential(s) held: \_\_\_\_\_

License/Crednetial(s) #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

### **EMPLOYMENT**

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street

City

State

Zip Code

Work Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Status When Referred: Employed \_\_\_\_\_ Terminated \_\_\_\_\_ Suspended \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Current Area of Practice: \_\_\_\_\_

**PROGRAM ENROLLMENT INFORMATION**

Reason for program participation: Chemical Dependency  Mental Illness

Description of possible practice violations (be specific, add additional pages as needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current treatment facility (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Treatment Center Phone Number: \_\_\_\_\_

Do you attend AA/NA or other self-help groups? Yes  No  How many per week? \_\_\_\_\_

Do you have a sponsor? Yes  No  How many contacts per week? \_\_\_\_\_

List all other states in which you hold licenses to practice: \_\_\_\_\_

Are you or have you been subject to discipline and/or monitoring in this state of any other? \_\_\_\_\_

**If yes, provide a copy of the consent order/contract and written verification of your compliance.**

Are you currently, or have you ever been subject to any criminal proceedings in this state or any other? \_\_\_\_\_

**If so, describe all actions in detail on a separate sheet and submit relevant records.**

If you self-referred to TAPNET, are you aware of whether your employer or anyone else has or intends to file a complaint against you? \_\_\_\_\_

**Case Management Fees** (please be advised that you are also responsible for any fees associated with drug testing or treatment:

Check One:  TAPNET Peer Assistance Program \$250  TAPNET Extended Evaluation Program \$125

\_\_\_ Check payable to TAPNET is enclosed, OR;

\_\_\_ I will pay by credit card

Card Type:  American Express  Visa  Mastercard

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please return completed application and payment to:  
TAPNET, 401 Ranch Road 620 S Ste. 310 Austin, TX 78734**

**TAPNET ASSESSMENT FORM**

Print Name \_\_\_\_\_ Case Number \_\_\_\_\_ Case Manager \_\_\_\_\_

Assessor, please:

- Ensure that counselor has provided you with a signed copy of the TAPNET consent form
- Fax a copy of the signed consent form to TAPNET
- Counselor is to mail original signed form to TAPNET

**Instructions:** This form is to be used by counselors considering participation in the Texas Addiction Professionals Peer Assistance Network (TAPNET). This form is to be completed by any health professional that provides assessment and/ or treatment. Assessor and participant should retain copies. Please complete the flowing information and send to TAPNET.

This is to verify that \_\_\_\_\_ (counselor's name) was assessed on \_\_\_\_\_ (date)

- Mental Illness and/or
- Substance Abuse

**Psychiatric Diagnosis/impression:** \_\_\_\_\_

Psychiatric treatment plan:  Inpatient  Outpatient  Individual Therapy (frequency) \_\_\_\_\_  Medication Management

List all medications prescribed: \_\_\_\_\_

**Substance Abuse Diagnosis/impression:** \_\_\_\_\_

Specify Treatment recommendations:  A&D  Inpatient  Outpatient  Relapse Prevention  Individual Therapy

other (please explain): \_\_\_\_\_

Frequency of sessions: \_\_\_\_/week \_\_\_\_/month Length of stay: \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months \_\_\_\_ years

Comments: \_\_\_\_\_

Date admitted to treatment facility/hospital: \_\_\_\_\_ Facility name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Assessor name & credentials (print):** \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form to: TAPNET**

401 Ranch Road 620 S Ste. 310

Austin, TX 78734

Phone: (877) 4TAPNET

Fax: (512) 476-7297

[www.tapnettx.org](http://www.tapnettx.org)

peerassistance@taap.org

## 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)**

**TAPNET PARTICIPATION AGREEMENT**

- 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.

<b><u>TO BE COMPLETED BY THE TAPNET OFFICE</u></b>	
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 #: <u>09/08</u>	
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**  
**401 Ranch Road 620 S., Ste. 310\*Austin, Texas 78734\*Ph. (877) 4TAPNET \*Fax 512-476-7297\*www.tapnettx.org \*peerassistance@taap.org**

**CONSENT TO DISCLOSE INFORMATION BETWEEN EMPLOYER AND GOVERNMENTAL AGENCIES  
REGARDING TERMINATION FOR NONCOMPLIANCE INTAPNET**

1. I, \_\_\_\_\_  
*(name of participant –please print)*

consent to allow \_\_\_\_\_ ("Employer")  
*(name of employer-print)*

to disclose to: **the Texas Workforce Commission and/or other governmental agency or court**

\_\_\_\_\_  
*(name of government agency or court)*

Adjudicating either a claim by me for unemployment benefits or a legal claim by me alleging inappropriate termination, the following relating to:

- the terms and conditions of my Return to Work Agreement under TAPNET ; and
- any substantial reason for my termination related to my failure to satisfactorily participate in TAPNET.

2. I understand that my TAPNET records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

3. The purpose of and need for the communication and disclosure of information is to facilitate full disclosure of all relevant information relating to:

- a claim for unemployment; and/or
- any legal claim for inappropriate termination.

4. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that, EMPLOYER has relied on this consent in employing or continuing to employ me. If not previously revoked, this consent will terminate **60** days after the final administrative decision of the TWC or governing agency or court, unless appealed by either party to a court of competent jurisdiction in which case, the release will remain valid until 60 days after all subsequent court appeals are completed.

\_\_\_\_\_  
(counselor participant's signature)

\_\_\_\_\_  
(case number)

\_\_\_\_\_  
(date of signing)

**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS/TCBAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

TAPNET \* 401 Ranch Road 620 S Ste. 310 Austin, TX 78734 \* Phone (877) 4TAPNET \* Fax (512) 476-7297 [www.tapnettx.org](http://www.tapnettx.org) \* [peerassistance@taap.org](mailto:peerassistance@taap.org)

Printed Name: \_\_\_\_\_

**TAPNET CONSENT TO DISCLOSE INFORMATION BETWEEN TAPNET ANDEMPLOYER**

*NOTE: This consent from is to be used only for exchange of information between TAPNET and Healthcare Providers*

I, \_\_\_\_\_ (Print Name) consent to the Texas Addiction Professionals Peer Assistance Network (TAPNET) and \_\_\_\_\_ (Facility name only) Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Healthcare Provider: **CHECK ONLY ONE**

**Addiction Specialist** \_\_\_ **Psychiatrist** \_\_\_ **Therapist** \_\_\_ **Primary Care Physician** \_\_\_ **Dentist** \_\_\_ **Other** \_\_\_  
**If Other, please specify** \_\_\_\_\_

To communicate and exchange all information relating to my participation in TAPNET and any health care I am receiving or have received including:

- My status in TAPNET including my withdraw or dismissal,
- My status in treatment or rehabilitation, including my progress or absence from such,
- My work performance and ability to practice counseling, and
- My return to work accommodations

The purpose of and need for the communication and disclosure of information is to facilitate a) my participation in the TAPNET program, b) my recovery from any problems I may be experiencing with substance abuse and/or mental illness, and c) my return to counseling practice in a manner that is conducive to both my recovery and safe patientcare.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it.

I understand that TAPNET is relying on this consent in permitting me to participate in the TAPNET program and that in the event I withdraw or am dismissed from the program, TAPNET may notify the above employer that I have withdrawn or been dismissed from the program even if I revoke this consent and that my employer likewise may notify TAPNET if I leave employment. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from TAPNET.

**Participant's Signature** \_\_\_\_\_ **Case #** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

- (1) The patient consents in writing, OR
- (2) The disclosure is allowed by court order, OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS AND/OR TCBAAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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Revised 11/08

Printed Name: \_\_\_\_\_

**TAPNET CONSENT TO DISCLOSE INFORMATION BETWEEN TAPNET AND HEALTHCARE PROVIDER**

*NOTE: This consent form is to be used only for exchange of information between TAPNET and Healthcare Providers*

I, \_\_\_\_\_ (Print Name) consent to the Texas Addiction Professionals Peer Assistance Network (TAPNET) and \_\_\_\_\_ (Healthcare facility or provider) Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Healthcare Provider: **CHECK ONLY ONE**

**Addiction Specialist** \_\_\_\_\_ **Psychiatrist** \_\_\_\_\_ **Therapist** \_\_\_\_\_ **Primary Care Physician** \_\_\_\_\_ **Dentist** \_\_\_\_\_ **Other** \_\_\_\_\_  
**If Other, please specify** \_\_\_\_\_

To communicate and exchange all information relating to my participation in TAPNET and any health care I am receiving or have received including:

- My status in TAPNET including my withdraw or dismissal,
- Any problems I may be experiencing with substance abuse or mental illness,
- Any assessment, diagnostic, treatment, rehabilitation or aftercare services I am receiving or have received, and
- My ability to practice counseling

The purpose of and need for the communication and disclosure of information is to facilitate a) my participation in the TAPNET program, b) my recovery from any problems I may be experiencing with substance abuse and/or mental illness, and c) my return to counseling practice in a manner that is conducive to both my recovery and safe patient care.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it.

I understand that TAPNET is relying on this consent in permitting me to participate in the TAPNET program and that in the event I withdraw or am dismissed from the program, TAPNET may notify the above provider that I have withdrawn or been dismissed from the program even if I revoke this consent and that the provider likewise may notify TAPNET if I leave treatment. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from TAPNET.

**Participant's Signature** \_\_\_\_\_ **Case #** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

- (1) The patient consents in writing, OR
- (2) The disclosure is allowed by court order, OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS AND/OR TCBAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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Printed Name: \_\_\_\_\_

**TAPNET CONSENT TO DISCLOSE INFORMATION TO LICENSING BOARDS: THIRDPARTY REFERRAL**

*NOTE: To be completed only by participants who are third party referrals. Self-referrals must complete the self-referral consent form. Counselors who are third party referrals who are non-compliant, who elect not to participate or who do not successfully complete TAPNET will be reported to the Texas Department of State Health Services.*

In the event I elect not to participate in TAPNET, withdraw, am noncompliant, am dismissed or otherwise do not successfully complete the TAPNET program, I, \_\_\_\_\_ (Print Name) authorize the Texas Addiction Professionals Peer Assistance Network (TAPNET) to disclose to the Texas Department of State Health Services and/or the Texas Certification Board of Addiction Professionals(TCBAP).

For the purpose of ensuring that I do not engage in counseling practice that may be inconsistent with safe patient care and determining if any action should be taken against my counseling license, the following information or records, including that obtained from third-parties.

- Any information provided to TAPNET by the third party at the time of referral or any information relating to my practice prior to my referral;
- The results of any assessment, evaluation or diagnosis performed or used for the purpose of determining my eligibility or continued eligibility for TAPNET;
- The dates of my participation in TAPNET and my status in the program including any violations of the terms of participation and the reason for my dismissal or withdraw;
- Any professional judgments/conclusions (with supporting documentation) of health care providers that I am unable to practice counseling safely or that my practicing counseling would jeopardize patient care;
- The results of any drug tests; and
- Any information that TAPNET, in its sole discretion, determines is evidence that I have exposed or am likely to expose patients or others unnecessarily to a risk of harm.

I authorize the DSHS AND/OR TCBAP and any other licensing boards I have listed above to redisclose any information obtained under this consent to the same extent it discloses information relating to any complaint against a licensee.

I understand I may revoke this consent at any time except to the extent that TAPNET has taken action in reliance on it. I understand TAPNET is relying on this consent in permitting me to participate in the TAPNET program and will report me to the DSHS AND/OR TCBAP even if I revoke this consent. If not previously revoked, this consent will terminate 90 days after the licensing board had decided not to initiate any action against the Counselor’s license. If the licensing board initiates action, this consent will terminate 90 days after final disposition of that action including any and all related appeals of the board’s administrative decision.

**Participant’s Signature** \_\_\_\_\_ **Case #** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG PATIENT RECORDS**

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- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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Revised 11/08

Printed Name: \_\_\_\_\_

**CONSENT TO DISCLOSE INFORMATION BETWEEN EMPLOYER AND GOVERNMENTAL AGENCIES  
REGARDING TERMINATION FOR NONCOMPLIANCE IN TAPNET**

I, \_\_\_\_\_ (Print Name) consent to allow \_\_\_\_\_ (Employer) to  
disclose to the Texas Workforce commission and/or other governmental agency or court  
\_\_\_\_\_ (name of agency or court)

Adjudicating either a claim by me for unemployment benefits or a legal claim by me alleging inappropriate termination, the following relating to:

- The terms and conditions of my Return to Work Agreement under TAPNET; and
- Any substantial reason for my termination related to my failure to satisfactorily participate in TAPNET.

I understand that my TAPNET records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

The purpose of and need for the communication and disclosure of information is to facilitate full disclosure of all relevant information relating to:

- A claim for unemployment; and/or
- Any legal claim for inappropriate termination.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that, EMPLOYER has relied on this consent in employing or continuing to employ me. If not previously revoked, this consent will terminate 90 days after the final administrative decision of the TWC or governing agency or court, unless appealed by either party to a court of competent jurisdiction in which case, the release will remain valid until 90 days after all subsequent court appeals are completed.

Participant's Signature \_\_\_\_\_ Case # \_\_\_\_\_ Date \_\_\_\_\_

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(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

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Printed Name: \_\_\_\_\_

**TAPNET CONSENT TO RELEASE INFORMATION  
FAMILY MEMBER/ SIGNIFICANT OTHER/ EMERGENCY CONTACT**

I, \_\_\_\_\_ (Print Name) consent to the Texas Addiction Professionals Peer Assistance Network (TAPNET) and \_\_\_\_\_ (name of person(s) to which disclosure is to be made) \_\_\_\_\_ (Relationship) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To communicate and exchange all information relating to my participation in TAPNET:

- Information pertaining to a medical emergency and/or any evidence that I have exposed myself or am likely to expose myself or others to a risk of harm.

**Note: Section 467.007 of the Texas Health and Safety Code may require third parties consent to disclosure of information obtained from them, e.g., TAPNET will not disclose who reported a counselor to TAPNET without that person's consent. TAPNET also will not release information obtained from third parties if they have indicated disclosure would be harmful to the participant.**

The purpose of and need for the communication and disclosure of information is to facilitate a) my participation in the TAPNET program, b) my recovery from any problems I may be experiencing with substance abuse and/or mental illness, and c) my return to counseling practice in a manner that is conducive to both my recovery and safe patient care.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. If no specific date, event or condition is indicated and if consent was not previously revoked, this consent will terminate 60 days from the date I complete, withdraw or am dismissed from TAPNET.

Date, event, or condition upon which consent expires \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Case # \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

- (1) The patient consents in writing, OR
- (2) The disclosure is allowed by court order, OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS AND/OR TCBAAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

TAPNET \*401 Ranch Road 620 S Ste. 310 Austin, TX 78734 \* Phone (877) 4TAPNET \* Fax (512) 476-7297 [www.tapnettx.org](http://www.tapnettx.org) \* [peerassistance@taap.org](mailto:peerassistance@taap.org)

**TAPNET – CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ consent to the Texas Addiction Professionals Peer Assistance Network for Counselors and \_\_\_\_\_

\_\_\_\_\_ (name, address and phone of specific person or organization to which disclosure is to be made) to communicate with each other and to exchange information relating to my participation in and compliance with the TAPNET program: (Check below the information to be disclosed)

Drug Screens                       Work Agreement  
 Support Group                       Treatment Recommendations  
 Meeting Attendance (12 Step)  Other (Specify) \_\_\_\_\_

**Note: Section 467.007 of the Texas Health and Safety Code may require that third parties consent to disclosure of information obtained from them, e.g., TAPNET will not disclose who reported a counselor to TAPNET without that person’s consent. TAPNET also will not release information obtained from third parties if they have indicated disclosure would be harmful to the participant.**

The purpose of the disclosure authorized in this consent (check/ describe purpose as specifically as possible):

Probation                                      Attorney  
 Other Peer Assistance Program              Other (Specify) \_\_\_\_\_

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If no specified date, event or condition is indicated and consent was not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from TAPNET.

\_\_\_\_\_ (Specify the date, event, or condition upon which consent expires)

Participant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Case Number \_\_\_\_\_ Participant’s Counseling License#: \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS AND/ OR TCBAAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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Revised 11/08

**TAPNET CONSENT TO DISCLOSE INFORMATION BETWEEN  
TAPNET AND EMPLOYER**

*NOTE: This consent form is to be used only for exchange of information between TAPNET and Employers.*

1. I, (print name) \_\_\_\_\_  
Consent to the Texas Addiction Professionals Peer Assistance Network ("TAPNET") and

(Facility name only) \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Name of employer facility only)

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
(Address of employer facility only)

Communicating with each other and exchanging all information relating to my participation in TAPNET and my employment including:

- My status in TAPNET including my withdrawal or dismissal,
- My status in treatment or rehabilitation, including my progress or absence from such,
- My work performance and ability to practice counseling, and
- My return to work accommodations

2. The purpose of and need for the communication and disclosure of information is to facilitate a) my participation in the TAPNET program, b) my recovery from any problems I may be experiencing with chemical dependency and/or mental illness, and c) my return to counseling practice in a manner that is conducive to both my recovery and safe patient care.

3. I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that TAPNET has relied on this consent in permitting me to participate in the TAPNET program and that in the event I withdraw or am dismissed from the program, TAPNET may notify the above employer that I have withdrawn or been dismissed from the program even if I revoke this consent and that the employer likewise may notify TAPNET if I leave employment. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from TAPNET.

4. I further authorize the above information to be disclosed to my immediate co-workers who have a legitimate need to know.

Participant's Signature \_\_\_\_\_ Case Number \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS or TCBAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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**TAPNET MONTHLY ATTENDANCE RECORD**

**PRINTED NAME:** \_\_\_\_\_

90/90 start date (if applicable) \_\_\_\_\_

**Month/ Year:** \_\_\_\_\_

**Case Manager** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

Complete this form and mail the original to TAPNET at the address below by the 10<sup>th</sup> of each following month along with your TAPNET SELF REPORT. Please make a copy for your records.

No	DATE: MM/DD/YY	TIME: Time of meeting	NAME: write name of 12 step group; aftercare; psychiatrist; therapist/ counselor; or other	TYPE: fill in NA or AA; Med check; therapy-aftercare	SIGNATURE: Facilitator of session sign here
1					
2					
3					
4					
5					
6					
7					
8					
9					
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31					

**Participant** (Print) \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employer Comments:**

# TAPNET PARTICIPANT SELF REPORT

DATE: \_\_\_\_\_  
CASE #/MGR.: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form and mail the original to TAPNET at the address below by the 10<sup>th</sup> of each month along with your TAPNET MONTHLY ATTENDANCE RECORD. **Please remember you are completing this form for the previous month.**

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check if this is a new address and/or phone numbers

ARE YOU CURRENTLY EMPLOYED? Counseling \_\_\_\_\_ Non-Counseling \_\_\_\_\_ Unemployed \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

## FOR ALL PARTICIPANTS

- List all current prescription and over the counter medications:

Name of Medication	Prescribed by:	Date Prescribed:

- Did your physician(s) send TAPNET the updated TAPNET Prescription Information form for the above?  
Y \_\_\_ N \_\_\_ No chances \_\_\_ If not sent, will send on (date): \_\_\_\_\_
- What requests do you have of TAPNET at this time? \_\_\_\_\_  
\_\_\_\_\_
- How is participating in TAPNET benefiting you? \_\_\_\_\_  
\_\_\_\_\_ If you are not benefiting, what would help? \_\_\_\_\_
- What major changes have occurred in your life this month? \_\_\_\_\_  
\_\_\_\_\_
- What are you doing to take care of yourself? \_\_\_\_\_  
\_\_\_\_\_
- Who is your TAPNET Advocate? \_\_\_\_\_ Advocate's Phone #: \_\_\_\_\_  
How many times have you seen your Advocate this month? \_\_\_\_\_  
How many times have you spoken with your Advocate by phone this month? \_\_\_\_\_

**FOR SUBSTANCE ABUSE/ DEPENDENCY**

1. How many AA meetings per week are you attending? \_\_\_\_\_ What step are you working? \_\_\_\_\_  
What does this step mean to you? \_\_\_\_\_  
\_\_\_\_\_
  2. Your 12 step sponsor's first name? \_\_\_\_\_ How often do you contact your sponsor? \_\_\_\_\_  
When is the last time you met with your sponsor? \_\_\_\_\_
  3. Are you still attending aftercare? Y\_\_N\_\_ if yes, has your treatment provider sent a progress report? Y\_\_N\_\_
  4. Describe your current treatment plan: \_\_\_\_\_  
\_\_\_\_\_
  5. Name of your psychiatrist: \_\_\_\_\_ Dates seen this month: \_\_\_\_\_
  6. Name of your therapist: \_\_\_\_\_ Dates seen this month: \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_
- Case # \_\_\_\_\_ Case Manager \_\_\_\_\_

**FOR PSYCHIATRIC AND DUALDIAGNOSIS**

NOTE: WRITE N/A IF NOT APPLICABLE OR IF ALREADY ANSWERED IN PREVIOUS SECTION

1. Date discharged from inpatient, day hospital, or intensive outpatient program: \_\_\_\_\_  
Name/Location of facility: \_\_\_\_\_
  2. Have you sent your prescription info/ Progress Report since your last appt? \_\_\_\_\_
  3. Describe your current treatment plan: \_\_\_\_\_  
\_\_\_\_\_
  4. Name of your psychiatrist: \_\_\_\_\_ Dates seen this month: \_\_\_\_\_
  5. Name of your therapist: \_\_\_\_\_ Dates seen this month: \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_
- Case # \_\_\_\_\_ Case Manager \_\_\_\_\_

**Please use the space below for any additional comments or information.**



# TAPNET Participant Handbook



TAPNET  
401 Ranch Road 620 S Suite 310  
Austin, TX 78734  
Phone: (877) 4TAPNET or (877) 482-7638  
Email: [peerassistance@taap.org](mailto:peerassistance@taap.org)  
Website: [www.tapnettx.org](http://www.tapnettx.org)

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## Introduction

Welcome to the Texas Addiction Professionals Peer Assistance Network(TAPNET). This handbook provides information that will assist participants in understanding their role and responsibilities with TAPNET.

- **Chapter 1** contains information about TAPNET and the rights and responsibilities of participants.
- **Chapter 2** contains program information.
- **Chapter 3** contains a summary of required documentation.
- **Chapter 4** contains a guideline for employers working with TAPNET counselors.
- **Attachments** contain additional resources for participants and others.

Please read this handbook carefully. Participants are responsible for understanding the terms of participation. Reading all chapters should help participants and their employers gain a greater appreciation of the collaborative role all parties play in providing safe patient care through a planned return to work and recovery process. For further clarification of the information provided in this handbook, please contact TAPNET at 512-708-0629.

## A Word to Participants

TAPNET invites you to take charge of your physical, mental, social and spiritual health by participating in this program. We understand that the work before you is not going to be easy. Taking charge of your future and facing your past in a positive way will help you to change those things in your life that have been ineffective or detrimental. You will find support by reaching out to family, a therapist or doctor, a twelve-step sponsor, your TAPNET advocate, and co-workers. Drug testing, practice restrictions, and the documentation required of you while in TAPNET will help provide safe boundaries while validating your good recovery and safe counseling practice. Through long-term monitoring, TAPNET will be able to attest to your hard

work and your journey to a new way of living. We value you and your counseling abilities, and we look forward to working with you!

Sincerely,

Jennifer Holbrook MA, LCDC  
TAPNET – Program Director

## **TAPNET**

### **Mission**

The TAPNET offers opportunities for recovery from substance use and mental health disorders and assists counseling professionals in returning to safe practice while protecting the public and promoting professional accountability. TAPNET shall serve Licensed Chemical Dependency Counselors (LCDC), Licensed Chemical Dependency Counselor Interns (LCDC-CI), Certified Chemical Dependency Counselors, Certified Clinical Supervisors (CCS), Certified Prevention Specialist (CPS), Certified Criminal Justice Addictions Professionals (CCJP), and other professionals working in the field of Chemical Dependency treatment or prevention. Students working in or pursuing a career in chemical dependency counseling may also be eligible.

### **Vision**

To promote recovery from substance use and mental health disorders for addiction counseling professionals of Texas.

### **Philosophy**

It shall be the philosophy of the TAPNET that addiction and mental illness are chronic illnesses and relapse may occur. It is the Profession's responsibility to protect the clients and support the rehabilitation of the impaired professional. A tremendous amount of money and training are invested in developing professionals to work with the chemically dependent and mentally ill. To allow the loss of his or her services without a concerted effort to rehabilitate them to healthy functioning would go against the belief that people can and do get better. These individuals can be assisted to return to full functioning with the use of peer assistance and monitoring to protect both the public and the integrity of the counseling field.

# Chapter 1

## TAPNET Program Overview

### TAPNET

- Is voluntary.
- Provides education, advocacy and opportunity.
- Is an approved peer assistance program under Texas Health and Safety Code, Chapter 467, and DSHS rules Chapters 140 and 451.
- Is a program that allows counselors to demonstrate good recovery and safe counseling practice through formal peer monitoring.

### Case Managers

Counselors specialized in substance use and mental disorders who:

- Offer information, support, and opportunity for counselors who are referred.
- Liaison between participants, treatment providers, advocates and employers.
- Monitor participants' work performance, program compliance and progress in recovery.
- Provide education for advocates, employers and participants.

### Advocates

Counselors who serve TAPNET as trained volunteers and:

- Assist participants with enrollment and return to work processes.
- Liaison with and provide education for counseling supervisors and co-workers.
- Provide one-on-one peer support and educate participants about TAPNET and recovery.
- Provide documentation of participant's activities and follow through.

## Rights and Responsibilities

### Participant's Rights

- To be treated with dignity and respect.
- To informed consent.
- To confidentiality in accordance with state and federal guidelines.
- To accept or decline participation in any research requiring consent.
- To be informed about the terms and conditions of participation prior to participating.
- To know the length of TAPNET participation and the projected date of completion.
- To refuse participation and to be informed as to the possible consequences.
- To terminate participation at any time and to be informed as to the possible consequences.
- To be informed about the cost involved with participating
- To know the name and qualifications of the assigned Case Manager.

- To know of advocates' associations with treatment centers.
- To report a grievance regarding Case Manager or advocate.

## Participant's Responsibilities

- **To assume personal responsibility for one's participation and recovery by:**
  - Adhering to terms of TAPNET agreements
  - Following treatment recommendations
  - Being accountable to one's personal recovery and to the counseling profession.
- **To resolve grievances in a timely and responsible manner by:**
  - Attempting to work things out with the person(s) directly involved.
  - Contacting TAPNET Case Manager for assistance with TAPNET advocate- related grievances.
  - Providing a written account directly to the TAPNET Case Manager Coordinator or TAPNET Program Director when necessary or as requested.

## Eligibility

**Counselors who fall within any of the categories listed below may not be eligible for TAPNET:**

- Counselors without a current Texas license, registration status, or certified in the addictions field.
- Disciplinary action taken against their counseling license in the past five years.
- Current investigation by a counseling board.
- Counselors without a diagnosis of Substance Use Disorder (abuse or dependency) or one of the following psychiatric disorders: Major Depression, Bipolar Disorder, Schizophrenia, Anxiety Disorders or Schizoaffective Disorder.
- Convicted or registered sex offenders.
- Prior participations in TAPNET.

## Terms of Participation

All counselors participating in TAPNET agree to follow the terms of participation as set out in the TAPNET PARTICIPATION AGREEMENT. It is the counselor's responsibility to understand these terms and to abide by them for the duration of participation. For any questions about the terms of participation, contact a TAPNET Case Manager.

## Participant Communication

- Participants must complete and submit all required documentation in a timely manner. Failure to do so may result in extension of participation or dismissal from program.
- Participants are responsible for maintaining communication with TAPNET case manager, health care provider(s), advocate and employer, including notifying TAPNET office of:
  - Receipt or use of abusable prescriptions or substances
  - Change in health care provider(s)
  - Change of address/ phone numbers
  - Change of employment
  - Change of supervisor
  - Travel

## Chapter 2

### Assessment and Treatment

**Participants must obtain assessment by qualified, TAPNET-approved mental health provider.**

- LCDC or other addiction specialist for substance use disorders.
- Psychiatrist of psychiatric disorders.
- Use of TAPNET participating assessor may be required.
- TAPNET may require participants to obtain a second opinion.

**All participants must successfully complete appropriate treatment. Participants not successfully completing treatment may be dismissed from TAPNET.**

- Participants must choose treatment providers approved by TAPNET.
- Participants must follow treatment and continuing care plans recommended by providers.
- Participants may be required to obtain additional treatment during the course of participation.
- TAPNET advocates may be associated with treatment facilities; participants have the right to ask for disclosure of such associations.

**Assessment and treatment costs are the responsibility of participants. Participants may be required to attend facilitated support groups including supportive online teleconferencing approved by TAPNET.**

- Facilitated support groups including online teleconferencing groups may require an additional fee.

# Disclosure of Information and Consent

**Participants must complete any consent form needed to permit disclosure. Failure to complete required consent forms will result in dismissal from the program.**

- With appropriate consent, TAPNET exchanges information with treatment providers, employers, criminal justice authorities, counseling licensing boards and other counseling boards and emergency contacts.
- TAPNET discloses information about a participant a) in medical emergencies to medical personnel, b) as allowed by court order, c) to qualified personnel for research, audit, or program evaluation and d) as otherwise permitted/ required by state and federal law.
- State law requires TAPNET to notify referring parties if a counselor fails to participate.

# Self- Help Group Attendance

**Substance Use Disorder Participants:**

- Twelve step group meetings (such as AA, NA, or CA) are required.
- Daily 12- Step meetings for 90 consecutive days are required initially.
- Followed by a minimum of four (4) meetings per week for the remainder of participation.
- Online 12- Step meetings will not count toward your required meeting attendance.
- One alternative group, e.g., facilitated support group, therapy, or aftercare, per week may be counted as one of the required meetings.

**Psychiatric Disorder Participants:**

- Psychiatrists or therapists are to make recommendations for continuing care.
- Routine monthly medication management is recommended.
- Monthly individual therapy is required.

# Returning to Work

**Positions must be approved by TAPNET Case Manager prior to signing work agreements.**

**Before TAPNET will approve any employment in counseling, participants must:**

- Submit all required treatment documentation and enrollment forms.
- Be engaged in treatment and submit a signed Release to Return to Work form from the appropriate treatment provider(s).
- Register and receive chain of custody (COC) forms necessary for drug screening (does not apply to some psychiatric disorder participants.)
- Notify potential or current employer of their participation in TAPNET.
- Provide TAPNET with signed consent from employer.

**A counselor who does not return to counseling practice by the expected date of completion will be noncompliant and will be reported to the licensure board by TAPNET.**



### **TAPNET Return to Work Meeting:**

- TAPNET Return to Work Agreement must be signed with TAPNET and the employer and will include restrictions on practice.
- The meeting must be facilitated by either a TAPNET advocate or Case Manager.
- Co-workers with a legitimate need to know must be informed of the counselor's practice restrictions, usually through a separate meeting.
- Work may begin after completed agreement and quarterly form are received by TAPNET.

**Failure to notify the Case Manager of employment in counseling or failure to complete TAPNET Return to Work Agreement with TAPNET Advocate or Case Manager and employer before returning to counseling practice may result in dismissal from TAPNET. Failure to inform co-workers having a legitimate need to know of practice restrictions may result in dismissal from TAPNET.**

## **Restrictions on Practice**

Restrictions are enforced to help assure safe counseling practice. Modification of any restriction will occur only as mutually agreed upon by TAPNET, participant and employer.

### **Participants agree:**

- Not to function in an autonomous or unsupervised role.
- Not to work shifts longer than eight (8) hours.
- Not to work for multiple employers or to engage in self-employed practice.
- Not to accept employment with staffing agencies.
- Not to work overtime or to take on-call assignments during the first six months after returning to work.
  - Overtime is more than 40 scheduled hours a week, or if working 12-hour shifts, no more than 84 scheduled hours per two-week pay period.
- Not to work nights.
  - Day or evening shifts are permitted; nights are not approved unless a healthcare provider authorizes and the TAPNET Case Manager determines with employer that there is adequate staffing and supervision.
- Not to float to other units or to rotate shifts.

## **Abusable Drugs**

**Participants must abstain completely from the use of all abusable drugs. Abusable drugs include: alcohol, illicit substances, controlled substances (with or without prescription), uncontrolled substances (prescription or over-the-counter medications that contain alcohol or other abusable substances). Antidepressants are not considered in this category.**

### **If pain management is needed:**

- TAPNET recommends that participants try non-addictive approaches before taking or continuing abusable medication.
- If any potentially abusable medication is prescribed or taken:

- Participant must immediately notify TAPNET and employer about prescription.
- Participant must refrain from counseling practice until approved to return to work.
- The prescribing healthcare provider must complete the TAPNET PRESCRIPTION INFORMATION form for participant to fax to TAPNET.
- Unreported use of abusable medications or failure to disclose prescriptions at the time they are obtained is considered behavior inconsistent with good recovery and may result in dismissal from the program, an extension of the participation, or a renewal of the participation agreement.

***Participants with conditions requiring long-term use of abusable medications may not be appropriate for TAPNET.***

## **Abusable Substance List**

**Please note this list is not all inclusive:**

- Alcohol (beer, liquor and all other alcohol containing products will cause a positive drug test. This also includes any over the counter medications containing alcohol (e.g., Nyquil) and alcohol-based mouthwashes, and- sanitizers, foods or beverages.)
- Amphetamines
- Barbiturates, e.g. Butabital, Fiorinal
- Benzodiazepines, e.g., Ativan, Klonopin, Ambien
- Butorphenol, i.e., Stadol
- Diet Medications, e.g., Ephedrine, Phentermine
- Fentanyl
- Meprobamate, i.e., Soma
- Midazolam, i.e., Versed
- Poistes, e.g., Demerol, buprenorphine (Suboxone, Subutex), Methadone
- Pentazocine, i.e., Talwin
- Propofol, i.e., Diprovan
- Propoxyphene, e.g., Darvocet, Darvon
- Thiopental, i.e., Peptothal
- Tramadol, e.g., Ultram, Ultracet
- Poppy seeds and/or hemp seeds/ oil products (may cause a positive drug test result. *Eating these foods will no excuse a positive drug screen; therefore, do not eat these foods.*)

TAPNET considers the use of buprenorphine, Suboxone, or Subtex appropriate in a medically-supervised treatment setting. Participants who have a condition which warrants long- terms use of these drugs may not be appropriate for TAPNET. **TAPNET participants may be prohibited from returning to counseling while using this medication.**

**TAPNET recommends you protect your recovery with a thorough “house cleaning.”** Do not do this alone. Inform your treatment providers, and then ask someone to help you to:

- Identify and clear your home of all abusable substances by cleaning out medicine cabinets, refrigerators, etc, and by appropriately disposing of all abusable items.
- Appropriate identification and disposal includes reading labels, flushing pills, pouring our alcoholic beverages and other liquids containing alcohol.

- Since medically-supervised withdrawal from some substance may cause you serious harm, before disposing of medications, be certain to inform your counselors and prescribing treatment providers.

## Drug Screens

**Substance use disorder and selected Psychiatric Disorder participants must enroll in TAPNET's drug test program within fifteen (15) days of aligning participation.**

- It is important for participants to approach drug screens in a positive manner.
- Drug testing costs are the responsibility of the participant.
- Participants are responsible for reading and understanding the instruction for TAPNET urine drug screen collections.
- Participants must provide random urine and/ or blood samples for drug tests as requested by the TAPNET office.
- Specimens must be provided on the day of random request and be witnessed and/or collected in accordance with federally approved standards.
- Chain of initial custody (COC) forms must be marked with an appropriate test panel number and may be rejected if a panel number is not noted on form.
- Participants are responsible for reordering COC forms on time and for having a COC form in their possession at all times.
- TAPNET recommends having at least three (3) COC forms available at all times.
- Participants cannot return to work in counseling until they have received their COC forms- in addition to other terms/ requirements stated herein.
- **Failure to have a COC form while working or failure to provide specimens for drug testing on dates requested, may result in suspension from work and/ or dismissal from TAPNET.**

### Diluted Specimens

- Urine specimens with low creatinine levels and/ or adulterants can be rejected or interpreted as a positive test result.
- Multiple dilute or adulterated specimens will result in increased drug testing, may affect continued participation, and may require medical evaluation.
- To avoid producing dilute specimens, submit urine specimens early in the day- before noon, before drinking excessive amounts of water, and/ or prior to consuming any caffeinated beverages or other diuretics.

### Reasonable-Cause Drug Screens

- Employers or TAPNET may request urine screens for reasonable cause.
- Reasonable- cause specimens must be collected within two hours of request.
- An employer, who perceives that a participant's job performance or behavior is impaired may request a reasonable- cause drug screen.
- Employers signing the TAPNET RETURN TO WORK AGREEMENT will receive a box of urine drug test collection kits and pre-paid courier service forms from TAPNET's drug testing administration program.

- Employers may request additional drug screens in accordance with facility policy.

### **Positive Drug Test Results**

- The TAPNET office will notify counselor and employer when positive tests are received.
- Participants having positive drug screens showing the presence of any drug must immediately refrain from nursing practice.
- A confirmed positive for any unauthorized drug is considered conclusive proof of the use of the indicated drug and will result in either a contract renewal or dismissal from TAPNET.
- Participants may have a positive specimen reviewed by the drug test administrator's Medical Review Officer (MRO), and a reconfirmation test may also be requested.
- The cost for reconfirmation test and MRO are the participant's responsibility.

## **Length of Program**

**A participant must remain in TAPNET for a MINIMUM of two (2) years.**

- Any extensions, exceptions or modifications to the length of participation are handled on an individual basis following a formal review by TAPNET.

**A participant must demonstrate incident-free, safe counseling practice for a minimum of 64 hours per month for twelve (12) consecutive months.**

- Participation may be extended until the twelve consecutive months have been achieved.
- Failure to obtain and maintain employment in counseling within two (2) years may result in dismissal from TAPNET.
- Inability to maintain stable employment in counseling may result in dismissal from TAPNET.

## **Withdraw and Dismissal from TAPNET**

**A participant may withdraw from the program at any time by notifying TAPNET.**

- The participant's employer will be notified of a participant's withdrawal.
- The participant will also be reported to the licensing/certification board.

**A participant may be dismissed from TAPNET for the following reasons:**

- Failure to abide by the terms and conditions of participation (e.g., non-compliance).
- Moving out of Texas.
- Having a subsequent complaint filed against them by the counseling license/certification board.
- Having a felony charge filed against them, being convicted of a felony, or receiving probation or deferred adjudication relating to a felony charge.
- A determination by TAPNET that the participant is exhibiting behaviors inconsistent with good recovery and/ or is not capable of performing safe counseling practice.
- Subsequent allegations of counseling practice violations.
- Determination that the participant is medically incapable of complying with the terms of participation.

# Reporting to Licensing/ Certification Board

A participant's identity and other relevant information may be reported to the licensing/certification board under the following conditions.

- Enrollment in TAPNET
- Withdraw from TAPNET
- Have a positive drug screen
- Demonstrate behaviors inconsistent with good recovery
- Are noncompliant with their TAPNET agreements
- Are dismissed from the program for any reason
- Endanger patients or compromise patients' safety

Participants may be reported to DSHS or TCBAP as authorized by court order. If it believes doing so is in the public's interest, TAPNET may initiate proceedings seeking such an order.

## Subsequent Third-Party Referrals

If TAPNET received a third-party referral on a participant who was originally a self-referral, the following policies shall govern:

- Self-referrals are defined as a counselor for whom either TAPNET or TCBAP/DSHS have not received a third-party referral, and the counselor wishes to seek help before practice is affected. Self-referrals are normally not reportable to the DSHS/TCBAP unless the participant withdraws from TAPNET, is dismissed for any reason, or TAPNET believes doing so is in the public's interest.
- A third-party referral is defined as a referral that takes place due to information received from employers, concerned family members or legal authorities, etc, and counseling practice is considered to be adversely affected. Third-party referrals are reportable to TCBAP/DSHS at the time of initial referral, when a contract renewal is offered, or if the participant withdraws from TAPNET or is dismissed from the program for any reason.
- Practice incidents involving self-referred participants may result in participants' cases being converted to third-party referral status.
- If a third-party is aware of a participant's involvement in TAPNET, or if the information on which the third-party referral is based was acquired because of that counselor's participation in TAPNET, the case shall remain a self-referral; however, the incident may warrant either a re-starting or dismissal from TAPNET..
- Conversely, if the third party was not aware of a counselor's participation in TAPNET, and if the information on which the referral was based was not acquired because of that counselor's participation in TAPNET, the case shall be converted to a third-party referral and governed by TAPNET policies relating to third-party referrals. The incident may also warrant re-starting or dismissal from TAPNET.

## Moving Out of State

- Participants moving out of Texas may be dismissed from TAPNET and referred to the counseling licensing board in the state they are moving to.
- If the other state has a peer assistance program similar to TAPNET, it may be possible for a participant to transfer to that program in lieu of being dismissed from TAPNET.
- Participants must make all arrangements prior to moving and must obtain TAPNET's approval for transferring to another peer assistance program.
- Only a TAPNET case manager can approve a transfer to another state's peer program.
- Failure to make timely arrangements for transfer may result in dismissal from TAPNET.

## Cost and Fees

Participants are responsible for payment of the following costs associated with TAPNET participation:

- Assessment
- Treatment
- Drug Testing
- Participation fees
- Facilitated Support Group
- Participants will be notified of the amount of such drug testing/ participant fees at the time they enroll in TAPNET.
- Sixty days notice will be given regarding fee changes for participants currently enrolled.
- Failure to pay any required participation fee by the stipulated due date will be grounds for dismissal from the program and referral to the licensing/certification board.

## Required Documentation

The following section outlines documentation that needs to be completed in order to participate in TAPNET and to be compliant with the program.

**Important Notice:** Unless otherwise requested or authorized, TAPNET accepts only originals of completed forms and agreements. **Do not fax** forms or agreements unless requested by TAPNET.

### Treatment Providers

Documentation to be completed by treatment provider(s):

- **TAPNET Assessment Letter:** Participants must present this form to any treatment provider from whom they obtain treatment or an assessment. *Must include diagnosis and treatment recommendations.*

Treatment provider(s) should retain copies of:

- **Progress Report:** Treatment provider sends periodic updates (frequency to be determined) to include attendance, compliance with, or changes in the treatment plan.
- **Return to Work Release:** This form must be obtained from participants; treatment provider when treatment provider decides it is appropriate.

- **Discharge Summary:** To include admit and discharge dates/diagnoses and continuing care recommendations.

## Participants

Initial enrollment documents to be completed and submitted in original form by participants:

- **Participation Enrollment Form**
- **Participation Agreement:** To initiate participation, counselors must read, sign and date the agreement. Anticipated completion date will be based on the date agreement is signed.
- **Consent to Disclose Information between TAPNET and Health Care Provider:** Participants must sign this consent form for each of their health care providers. Participants are to mail the original to the TAPNET office, provide a copy to the health care provider, and retain a copy for their file.
- **Consent to Disclose Information to Licensing Boards:** Participants must sign the appropriate form: Self Referral or Third-Party Referral.
- **Consent to Release Information for Emergency Contact (Family Member/ Significant Other):** Participants must sign consent forms allowing TAPNET to exchange information with appropriate persons in emergency situations.
- **Consent to Disclose Information between TAPNET and Employer:** Participants must sign this consent form to allow TAPNET to communicate with current or prospective employers.

**Note: Participants refusing to sign consent will not be eligible for participation or will be dismissed from the program.**

## Chapter 3

**Drug Test Registration Form:** Must be completed and faxed (with credit card information) or mailed (with cashier's check or money order) to the drug test administrator within fifteen (15) days of signing the TAPNET Participation Agreement.

### Return to Work Forms

- **Treatment Provider (HCP) Return to Work Release:** Participants must obtain and submit HCP's work release when provider decides it is appropriate.
- **TAPNET Return to Work Agreement:** Participants must sign a TAPNET RETURN TO WORK AGREEMENT with TAPNET and employer prior to returning to nursing practice.
- **Quarterly Update:** A QUARTERLY UPDATE form is to be completed at the same time the initial RETURN TO WORK AGREEMENT is signed *and every three months thereafter*.
- **Consent between Employer and Government Agency:** A copy of the signed consent must be submitted with the above forms. (Employer retains the original).

### Recurrent forms/required treatment documentation

- **TAPNET Prescription Information/Treatment Progress Reports:**
- If any medications are prescribed, healthcare providers must complete the TAPNET PRESCRIPTION INFORMATION form for participants to mail to TAPNET.

- Participants must request psychiatrists/ therapists complete and submit progress reports after each office visit (TAPNET PRESCRIPTION INFORMATION/PROGRESS REPORT).
- Failure to obtain and submit psychiatric treatment updates at least quarterly may result in an extension of participation or dismissal from TAPNET.
- Participants must request and submit routine treatment updates/ progress reports from addiction treatment providers until treatment is successfully completed.
- **Monthly attendance record:**
- The MONTHLY ATTENDANCE RECORD is used for documenting Twelve Step meetings, psychiatrist, therapist and group therapy sessions.
- It is the participant's responsibility to ensure that after each Twelve Step meeting, the chairperson signs off to verify attendance.
- Before mailing the original to TAPNET, participants sign the bottom of the form.
- When working, a participant's supervisor will also sign the meeting attendance form before it is mailed to TAPNET.
- Lack of proper documentation or falsification of meeting(s) is equivalent to missed meeting(s).
- **Self-Report Form:**
- The purpose of the Self-Report is to give participants an opportunity to inform TAPNET of their progress in recovery and to identify problems where additional assistance may be needed.

**Counselors are required to mail in Attendance Record and Self-Report by the 10<sup>th</sup> of each month. Participants should keep copies for their records.**

- **Quarterly Update:**
- Quarterly update meetings are held for the purpose of reviewing each participant's past three months' work performance and practice, compliance in TAPNET, and progress in recovery.
- Participants *must have* quarterly meetings with employer and advocate *every three (3) months* from date of return to work in counseling.
- If the TAPNET advocate is not available to attend during the month the quarterly is due, the TAPNET Case Manager must be present by phone conference.
- Immediately following each quarterly meeting, participants will mail the original of the completed Quarterly Update to TAPNET.

## Employer Guide

### Working with a TAPNET Counselor- At a Glance

These steps are a quick reference guide for employers who are working with TAPNET counselors.

- Obtain a signed TAPNET EMPLOYER CONSENT form from the counselor allowing TAPNET and employer to communicate regarding the nurse's status in the program.



- *Fax the consent to TAPNET* and then discuss the participant's return to work plans and needs with the TAPNET Case Manager before hiring or scheduling the counselor.

Note: TAPNET participants, who return to work in counseling prior to TAPNET's approval and / or before signing a TAPNET Return to Work Agreement, may be dismissed from TAPNET and reported to DSHS or TCBAP.

- Obtain a verbal return to work approval from participant's TAPNET Case Manager.
- Discuss any concerns regarding return to work setting, duties and possible relapse triggers with counselor and TAPNET Case Manager.
- Verify that counselor participant has Chain of Custody forms in their possession. Forms are required and to be used with TAPNET's random drugtesting.
- Hold an administrative return to work conference with the participant and the TAPNET advocate prior to the participant beginning work. The purpose of this meeting is to sign the RETURN TO WORK AGREEMENT, a QUARTERLY UPDATE FORM, and a CONSENT FOR EMPLOYER AND GOVERNMENT AGENCY.
- Identify at least two (2) workplace monitors who:
  - Are knowledgeable about counseling practice, the counselor's TAPNET participation, work agreement and practice restrictions.
  - Work in the same area/unit, and
  - Are immediately available (on the premises) should an incident occur. (Additionally someone from counseling administration should be aware of counselor's participation.
- Hold a clinical return to work group meeting with participant, TAPNET advocate, and the participant's immediate co-workers, who have a legitimate need to know about the counselor's TAPNET participation, practice restrictions, and if applicable, to process any co-worker concerns.

## Chapter 4

Meet monthly with participant and participant's immediate counselor supervisor to review work performance and counselor's adherence to practice restrictions as well as to sign the original copy of participant's TAPNET Meeting Attendance Record.

- Request drug screen for "reasonable cause" if any signs of impairment or inappropriate behavior occur and immediately notify the TAPNET Case Manager. Participant must submit specimens for reasonable cause *within two hours* of the request. **NOTE:** TAPNET contacts employer no later than next business day upon TAPNET's receipt of positive drug test results.
- Meet with the participant and TAPNET advocate (or Case Manager if advocate is not available) for the Quarterly Update- a work performance, participation and treatment review- *every three months* from the date the initial work agreement was signed. **Note:** Employers will receive courtesy copies of letters sent to participants regarding significant program non-compliance.

- Maintain copies of the entire participant’s work related TAPNET records in a locked and confidential file, separate from personnel files to comply with federal confidentiality regulations. See TAPNET Return to Work Agreement, Section 5.
- Return all TAPNET records to the TAPNET office when the participant completes TAPNET, is dismissed or withdraws from the program, or when employment ends. (When a participant successfully completed TAPNET or is dismissed or withdraws, the employer will receive a signed letter from the TAPNET Case Manager confirming case closure.)
- Utilize the TAPNET advocate as an educational resource for self, staff, and the facility.
- Call TAPNET whenever you have questions or concerns about the participant’s work performance and related behaviors. Counsel, remove, suspend, and/or drug test participants as appropriate.

## Attachment A

### The ADA and TAPNET Counselors

**Note:** This fact sheet provides an overview of the most salient areas of the Americans with Disabilities Act (ADA) as they pertain to TAPNET. This summary is designed to assist employers so that they may operate with greater knowledge, humanity and legality when working with TAPNET counselors. Additional technical information and assistance on the ADA is available from the Southwest Disability & Business Technical Assistance Center, (800-949-4232).

#### Why ADA?

The counselor participating in TAPNET often faces more difficulties in obtaining a new job or returning to a former place of employment than most other counselors. One significant but necessary hurdle the counselor must clear prior to accepting employment, is informing an employer or a potential employer of one’s participation in TAPNET- as required in the TAPNET terms of participation. Making one’s participation in TAPNET known prior to being hired is essentially the same as informing an employer that one may require accommodation in the workplace as provided for by the ADA. Unfortunately, the mere mention of TAPNET often creates fear and doubt in the mind of a job interviewer or health case administrator. The interviewer or administrator may not be knowledgeable of the disease process of chemical dependency and mental illness or individuals who may not have succeeded in their recovery from these diseases. Such lack of information and negative stereotyping can present roadblocks for the TAPNET counselor who is applying for or returning to a job.

#### What is the ADA?

It is in part because problems like those mentioned above that the ADA was created. The ADA is a federal antidiscrimination statute designed to remove barriers, which prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. Employers with more than 15 employees must comply with the ADA. The ADA prohibits discrimination in all employment related practices and activities, e.g., job application, hiring, firing, advancement, training, compensation, and other terms, conditions, and privileges of employment.

### **Who is covered by the ADA?**

The ADA protects individuals with disabilities. Disabilities include people who have a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. In this regard, an individual recovering from chemical dependency or mental illness would be classified as a person with a disability. Therefore, counselors participating in TAPNET, who are in good compliance, are protected by the ADA. In fact, TAPNET and drug treatment programs may be considered to be reasonable accommodations under the ADA. Under the ADA an employer may not discriminate against an individual with a chemical dependency problem who is not currently using drugs and who has been rehabilitated because of a history of chemical dependency. A qualified individual with a disability is a person who meets legitimate skill, experience, education or other requirements of an employment position that he or she holds or seeks, and who can perform the **essential functions** of the position without **reasonable accommodation**.

### **What are the Essential Functions of a Job under the ADA?**

A particular function is essential depending upon: whether or not the position exists; the availability of employees to perform that job function; and the degree of expertise or skill required to perform the function. Requiring the ability to perform “essential functions” assures that an individual will not be considered unqualified simply because of inability to perform marginal or incidental job functions. Thus, it would be advantageous for employers to prepare a written job description for all positions outlining the essential functions of the job. Even if a job function is considered “essential,” an employer may be required to provide a reasonable accommodation to allow an employee an opportunity to perform that function.

### **What is Reasonable Accommodation under the ADA?**

Reasonable accommodation is a modification or an adjustment to a job or work environment that will enable a qualified applicant or employee with a disability to perform essential job functions. Examples of reasonable accommodation include restructuring a job by reallocating or redistributing some functions of an employee’s job; modifying work schedules; or acquiring or modifying equipment. Typically, TAPNET work restrictions provide from accommodation by reallocating some functions and modifying the work schedule or restructuring the job to some degree. The individual with a disability requiring the accommodation must be otherwise qualified and the disability made known to the employer. An employer is not required to make an accommodation if it would impose an “undue hardship” on the operation of the employer’s business. Undue hardship is defined as, an action requiring significant difficulty or expense. In general, a large organization would be expected to make accommodations requiring greater effort or expense than a small organization. Applicants may be asked about their ability to perform specific job functions but may not be asked about the existence, nature or severity of a disability. A job offer may be conditioned on the results of a medical examination, but only if the exam is required for all entering employees in similar jobs.

### **What if the employee is unable to perform the Essential Functions of the job (even with Accommodation) and/ or relapses?**

A business may not discriminate against an applicant or employee with a history of drug or alcohol dependence out of a generalized fear that he or she will suffer a relapse. The ADA does not prevent an employer from discharging an employee with a disability (or refusing to hire an applicant with a disability), so long as the discharge (or refusal) is based upon individualized

judgments, based on reliable medical or other objective evidence. For example, a job applicant can be denied employment on the basis of similar evidence, e.g., a positive pre-employment drug screen that cannot be explained by a legitimate prescription. Moreover, an individual who evidences poor recovery while on the job, e.g., has a counseling practice violation related to substance abuse or mental illness, is not protected by the ADA and may be discharged.

### **Who enforces compliance with the ADA?**

The U.S. Equal Employment Opportunity Commission (EEOC) issued regulations to enforce Title I of the ADA. Charges of employment discrimination on the basis of disability, based on actions occurring on or after July 26, 1992 may be filed at any field office of the EEOC. Contact: [eee.eeoc.gov](http://eee.eeoc.gov) or 800-669-4000.

### **Confidentiality of Alcohol and Drug Abuse Patient Records**

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by this program. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing; OR
- The disclosure is allowed by court order; OR
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- The patient commits or threatens to commit a crime either at the program or against any person who works for the program.
- Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the US Attorney in a district where the violation occurs.
- Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 CFR Part @ for federal regulations.)

### **Support Groups**

1. Alcoholics Anonymous: AA World Services, Inc., Grand Central Station, P.O. Box 459, New York, NY 10163. 212-870-3400. [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org).
2. Narcotics Anonymous: World Service Office, P.O. Box 9999, Van Nuys, CA 91409. 818-773-9999. [www.na.org](http://www.na.org)
3. Al-anon: Al-anon Family Group Headquarters/World Service Office, 1600 Corporate Landing Pkwy, Virginia Beach, VA 23454. 757-563-1600. [www.al-anon.org](http://www.al-anon.org)
4. Co-Dependents Anonymous (CoDA): P.O. Box 33577, Phoenix, AZ 85067-3577. 602-277-7991. [www.codependents.org](http://www.codependents.org)
5. Emotions Anonymous: P.O. Box 4245, St. Paul, MN 55104. 651-647-9712. [www.emotionsanonymous.org](http://www.emotionsanonymous.org)
6. National Alliance for the Mentally Ill (NAMI): Colonial Place Three 2107 Wilson Blvd., Ste. 300, Arlington, VA 22201. 800-950-6264. [www.nami.org](http://www.nami.org)
7. Pride Institute: 800-54-PRIDE. [www.pride-institute.com](http://www.pride-institute.com)

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