

Recovery Monitor Quarterly Status Report

All records and information maintained by the TXPHP are confidential under Sec. 167.010 of the Medical Practice Act, and other state and federal statutes protecting patient and TXPHP participant privacy and are not subject to disclosure.

Re: _____

Name of TXPHP Participant

TXPHP #

Date: _____

Recovery Monitor Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

In my position as Recovery Monitor for the above named TXPHP participant, the following statements represent my honest opinion.

1. YES NO To my knowledge, the participant's attendance at recovery group meetings is appropriate in number and participation.
2. YES NO The participant's behavior indicates a continuing change consistent with adequate recovery efforts.
3. YES NO To my knowledge, the participant's family is supporting their recovery efforts.
4. YES NO N/A To my knowledge, new legal issues have surfaced since the date of the last report (select "N/A" for initial reports). If Yes, please explain [text box]
5. YES NO To my knowledge, the participant is meeting the terms of their TXPHP Monitoring and Assistance Agreement.
6. YES NO To my knowledge, the participant's level of involvement in the recovery process demonstrates commitment to the process.
7. YES NO N/A To my knowledge, the participant understands the importance of drug and alcohol screening and is openly participating in the screening.

Please indicate if you would like for the TXPHP Medical Director to call and speak with you about this participant: Yes No

Individual that the Medical Director should contact: _____

Dates/times available: _____

Phone: _____ Day of week and time: _____

Email: _____

Check one of the following:

I swear and affirm that my relationship with the TXPHP participant is solely for the purposes of recovery and is limited to interactions through mutual help meetings and other forms of mutual support only. I am not in any way related to the participant, nor do we have a close personal relationship of any kind, a professional or healthcare-related relationship of any kind, a business or financial relationship of any kind, or any other relationship that may present an ethical or professionalism issue.

I have a relationship with the TXPHP participant beyond the recovery monitor and mutual support relationship.

Please describe all other relationships with the TXPHP participant. [text box for description]

Electronic Signature: _____