

Alabama Physician Health Program  
MEDICAL ASSOCIATION of the STATE of ALABAMA  
**James Harrow, MD, PhD, Medical Director**  
19 S. Jackson St., Montgomery, Alabama 36104  
334 954-2596 (Office) [www.alabamaphp.org](http://www.alabamaphp.org) (Email) 334 954-2593 (FAX)

*Admonition List*

1. No prescribing any drugs for anyone without generating a patient record (includes family and self).
2. Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
3. Beware of iatrogenic relapse. Inform any prescribing practitioner (MD, DO, DPM, DDS, DMD, etc) that you are chemically dependent and to check with us in advance, unless in an emergency, and then as soon thereafter as possible.
4. Avoid the ‘**PERCEPTION**’ of relapse, for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being a party to a raucous party situation.
5. Avoid unexcused absences.
6. In the event of an adverse situation (ie one in which it may appear that you could be accused of relapse), protect yourself by obtaining a stat UDS, preferably at our laboratory, or at another facility (if our facility is not convenient).
7. Don’t change malpractice carriers if possible.
8. **Avoid fraudulent application!** If questions regarding substance abuse or psychiatric problems are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not certain of the proper answer, consult with us before answering the question.
9. Don’t “advertise” your addiction or recovery unnecessarily. Your recovery is a private health issue.
10. Out of town vacations for the first three months are not advisable. Afterwards, please notify this office (by phone, fax, mail or email) of the dates you will be vacations, and where you will be going.

**Assistance Agreement Summary**

By signing the APHP Assistance Agreement, the following are the usual requirements! You should be familiar with the terms of your assistance agreement. You are responsible to meet all terms of your agreement.

1. To comply with all provisions as stated in the complete agreement;
2. To abstain from all mood altering chemicals except as prescribed by a physician;
3. To submit to screening tests for the term of the agreement (see things to avoid);
4. To secure a primary care physician
5. To meet with physician monitor at least quarterly, failure results in non-compliance;
6. To attend therapeutic monitoring group weekly for 24 months;
7. To attend caduceus weekly for term of contract;
8. To attend AA/NA three times weekly for term of contract (with sponsor identified);
9. To pay participation fees and cooperate with staff for term of contract.