



BRN Intervention Recovery Program Participant Recovery Plan



Participant Name: _____ Meeting Date _____ IEC # _____

Clinical Case Manager: _____

Others Maximus Staff Present: _____, _____, _____

BRN Staff Present: _____, _____, & _____

Cleared by Assessor – Safe to Practice: _____ If yes, date cleared _____

- ✓ **Random Drug Testing:** Must check in with Lab provider daily between 5am and 8pm; provide sample for test if selected; must maintain an active account; must enter post test data on provider website within 24 hours.

Frequency Range: _____ Special Tests: _____

Notes: _____

- ✓ **Reporting Medications:** Report all prescribed medications to Clinical Case Manager, submit prescription.

- ✓ **Monthly Self Report**

- ✓ **Maximus Check In:** _____

- Nurse Support Group:** Report to your assigned Nurse Support Group meeting once a week.

- 12-Step/Community Support Group (CSG) Meeting:** _____ per week. Specifications: _____

- Assessment** _____ **Due Date** _____

- Treatment:** _____ and/or other _____

- Therapy:** _____ **Frequency:** _____

- Employment Limitations:** _____

- Exceptions to the above employment approved by committee:**

- Additional Work Privileges:** _____ and/or _____

- Supervision:** _____ and other _____

- Coursework:** _____ and/or _____

- ✓ **Next IEC:** __

- Other:** _____

IEC Recommendation Date: _____

BRN Approval: _____ Date: _____

Participant Name: _____ Meeting Date: _____ Clinical Case Manager: _____

IEC # _____ BRN Staff Present: _____, _____ & _____

IEC Discussion and Notes:

Internal Use ONLY