TOTAL HEALTH CARE (THC) HEPATITIS C TREATMENT ADHERENCE AND LOST MEDICATION AGREEMENT

This agreement explains what patients need to do for Hepatitis C treatment to be successful. ***Please write your initials next to each statement to indicate you have read, understand, and agree to these statements.***

	I understand that I may be tested for HIV and HEP C before treatment because the HIV and HEP B virus could seriously affect my Hepatitis C infection and its treatment.
	I understand that treatment with medication may continue for up to 3 months (12 weeks) and that frequent blood testing will be needed.
	I understand the importance of taking the medication as prescribed, blood testing, and regular appointments. I understand that not doing following these instructions may mean that I cannot continue to get treatment.
	I understand of the high cost of this treatment. If non-adherence of any kind leads to treatment failure, my insurance company might not approve payment for treatment a second time.
	I am responsible for storing medicine safely. Due to the high cost of this medication, lost or stolen medication will not be replaced and might lead to stopping treatment.
	I understand that drug and alcohol use can severely damage my liver
	I understand that participating in the following activities includes tattooing, high risk sexual activity, IV drug use, intranasal drug use, sharing needles, toothbrushes, razors, and nail clippers may transmit Hepatitis C or other blood borne viruses to others and could cause me to be re-infected with HEP C.
	I understand that it is possible to become re-infected with Hepatitis C even after successful treatment.
	I understand that I need to tell my care team at **THC IMMEDIATELY** if I have any problems with meeting the above requirements.
	I understand that signing this agreement does not guarantee that I will be approved for Hepatitis C treatment.
	For patients prescribed Ribavirin
	I understand that I must not become pregnant or attempt to impregnate my partner during treatment and for 6 months after stopping treatment. Further, I understand that I am advised to use 2 forms of birth control.
	If I become pregnant during treatment or within 6 months after treatment I will tell my provider right away.
	I understand that women should not breastfeed while on treatment or within 6 months after.

I agree that I understand and will follow the requirements. I understand that failure to follow the requirements may result in treatment being stopped.

Patient Name:	Date:	THC Provider/RN/RPH Name:	Date:
Patient Signature:	Date:	THC Provider/RN/RPH Signature:	Date: