

HEPATITIS C TREATMENT CONSENT/AGREEMENT

Treatment of Hepatitis C is reserved for eligible patients who understand the commitment to therapy, will tolerate and comply with the course of treatment, and agree to avoid all activities that may worsen their liver disease or infect themselves or others with the Hepatitis C virus or other bloodborne pathogens. Every patient who is considered for treatment must complete this agreement before a liver biopsy is performed and/or before initiation of therapy.

Patient's Initials _____

	I understand that the therapy may be of no benefit to me and that it may not get rid of my Hepatitis C infection.
	I have been informed that side effects of treatment of Hepatitis C may include fatigue, body aches, and other serious side effects that may continue throughout my treatment with the medication.
	I understand that I may be tested for HIV before beginning treatment as the presence of the HIV virus could seriously affect my Hepatitis C infection and its treatment.
	I understand that the treatment with medication may continue for up to 12 months and that frequent blood testing will be needed to check for side effects or other problems.
	I understand that treatment for Hepatitis C may cause Mental Health side effects, especially depression.
	I understand that I must not become pregnant or attempt to impregnate my partner during my Hepatitis C antiviral treatment or for 6 months after stopping treatment. I understand that I must use two forms of birth control during heterosexual activity while taking medication and for 6 months after medication ends.
	I understand that my failure to comply with the medication, blood testing, or regular appointments may result in my provider stopping the therapy.
	I understand that alcohol injures the liver and that drinking alcohol is forbidden.
	I understand that I must abstain from any activity that may transmit the Hepatitis C virus or other bloodborne pathogens. This includes tattooing, sexual activity in prison, IV drug use, and intranasal drug use. This activity may result in loss of eligibility for treatment or stopping treatment in progress*.
	I understand that I may be required to undergo random blood or urine testing for illegal substances and that any positive test may result in stopping, or loss of eligibility for, treatment*.
	I understand that completion of this agreement does not guarantee that I will be approved for Hepatitis C treatment.
	My initials above and my signature below signify my understanding of, and agreement to comply with, the requirements. I understand that failure to comply may result in loss of eligibility for treatment or discontinuation of treatment in progress*. (*Loss of eligibility or treatment stopped for minimum of 1 year. Reconsideration for treatment not guaranteed but may occur on case by case basis if activity is stopped.)

Patient Name: _____ Patient Signature: _____ Date: _____	Clinician Name: _____ Clinician Signature: _____ Date: _____
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