TREATMENT AGREEMENT (2 PARTY)

Initial after each line after you have read and understand what is written.

Pharmacist Responsibilities

As your Community Pharmacy Team, we will:

Respect and not judge you and listen to you with undivided attention ____

Focus on your safety and the safety of those around you ____

Communicate with your prescriber other healthcare providers involved when necessary, including when a medication dose has been missed, you appear impaired before you get your dose and if we see you vomit shortly after you take your medication ____

Not speak to anyone outside your healthcare team about your care ____

Review information about your medication with you and answer questions you have ____

Check your identification to be sure your medicine is given to the correct person ____

Make sure you understand how to take all your medications properly and monitor for and help you manage side effects of your medication ____

Provide your medication as it has been prescribed and only to you ____

Watch your medication being taken when required and have a conversation with you afterward. Depending on the situation, we may have you drink water either before or after you take the dose ____

Offer a private area to supervise you taking your medication ____

Provide your take home doses in a child proof bottle that is sealed as appropriate and remind you to store them in a locked box in the refrigerator ____

Accept and properly dispose of your take home dose bottles ____

Help coordinate your urine testing and take home dose inspection ____

Review your medications for possible interactions ____

Make best efforts to have your medication available in the pharmacy when you need it ____

Keep timely and accurate records about your care in the pharmacy ____

Help arrange for medication to be available elsewhere if there are days our pharmacy is closed ____

Help coordinate care for you when you plan to travel out of the area ____

When it is no longer possible to continue to provide you medication at our pharmacy, make best efforts to continue your treatment until other arrangements can be made or if your care can't be transferred to another pharmacy, to provide medication while your dose is slowly and comfortably decreased then stopped ____

Follow all federal and provincial laws, pharmacy standards and guidelines ____

Patient Responsibilities

As the person receiving this treatment I will:

Treat everyone involved with respect and not judge myself or others taking this treatment ____

Follow all federal and provincial laws ____

Listen to you with undivided attention and share information with the clinic and pharmacy staff ____

Focus on my safety and the safety of those around me ____

Show up at the pharmacy or clinic at the agreed upon times for all my clinic appointments, urine tests, take home dose inspections and doses to be given at my pharmacy and not arrive before the pharmacy opens ____

Notify my clinic and my pharmacy as soon as possible if I am not going to be able to make it in when I am supposed to ____

Understand that the medication can only be provided when I have a valid prescription and make sure that I have a new prescription before my current one runs out ____

Show my identification when it is requested ____

Agree that my pharmacist will watch me take my medication and confirm that I have taken it, after which I will return the empty container ____

Lock and safely secure the doses I take home and accept that lost or stolen doses cannot be replaced ____

Provide supervised urine samples when the clinic requests them from me within 48 hours of being notified by my pharmacy or clinic that I am required to do this ____

Agree that my pharmacist and my provider will decide when it is safe for me to take doses home ____

Not give my take home doses to other people and return empty take home dose bottles to the pharmacy when asked ____

Pay for my medication before it is given and confirm that I have been given the medication by signing the pharmacy log book ____

Take my medication only as I am instructed to take it, ask questions if anything is unclear to me, including asking my pharmacist before I take any over-the-counter medication ____

Understand that for methadone, all doses must be prepared in Tang or other crystalline juice ____

Understand that a missed day means a missed dose, which will not be made up ____

Respect the pharmacy's neighbourhood and ensure that all packaging materials and litter are disposed of in the garbage containers provided ____

Notify all other healthcare workers treating me for other health issues that I am taking this treatment and understand that my doctor, pharmacist, nurse and other providers involved in my care may need to communicate with each other concerning some aspects of my care _____

Tell my clinic and my pharmacy when I have been given a new prescription from a different health care provider as soon as I am given it ____

Understand that it is best that the time between my doses be a minimum of 15 hours ____

Bring extra bottles in to the pharmacy when asked ____

Use only one pharmacy and notify my clinic and my pharmacy right away when I need to move to a new pharmacy ____

Let my provider and my pharmacist know about any side effects I get from my medication ____

Understand that any doses vomited or any take home doses I lose will not be replaced without a written prescription from the prescribing physician or nurse practitioner ____

Accept that for my safety, any drug abuse must be reported to my doctor or nurse practitioner ____

Not consume alcohol or take other sedating medication and accept that that I may not be given my medication if I am under the influence of other drugs____

Let my clinic and my pharmacy know if I am pregnant or planning to become pregnant ____

Other:

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Signatures: ______________________________ Provider Date: ______________________

______________________________ Pharmacist Date: ______________________

______________________________ Patient Date: ______________________