



Patient-Provider Agreement – Hepatitis C

I, _____, have been counseled by my healthcare provider on the following:

The importance of not drinking alcohol or using illicit drugs during and after my treatment for Hepatitis C and that I may be required to submit to a drug screen at the discretion of my healthcare provider.

How to avoid being re-infected with Hepatitis C during and after my treatment.

(Male) The importance of using a barrier method of birth control and encouraging my partner to also use birth control.

(Female) The importance of using two forms of birth control (one of which must be a barrier method) while being treated. I agree to have pregnancy tests as ordered by my healthcare provider. I also understand that I must tell my healthcare provider if I do become pregnant.

I agree to complete the entire course of treatment, as well as all associated laboratory tests during and after treatment, as ordered by my healthcare provider.

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(Prescriber) I understand that an SVR12 is required to verify treatment success and that failure to provide these results to Medicaid may result in disqualification of my patient from future coverage.

(Prescriber) I have confirmed to the best of my ability that my patient has not abused alcohol or illicit drugs (excluding marijuana) for at least the past **three (3) months**.

X _____
Patient Signature

Date

X _____
Prescriber Signature

Date