



## Patient-Provider Enrollment Form – Hepatitis C

I understand the importance of not drinking alcohol or using illicit drugs during and after my treatment for Hepatitis C to avoid liver damage and reinfection.

I have been educated on how to avoid being reinfected with Hepatitis C during and after my treatment.

I understand that if I have a substance use disorder, West Virginia Medicaid will cover my treatment, and I may request information on treatment options.

MALE: I understand the importance of using a barrier method of birth control and encouraging my partner to also use birth control.

FEMALE: I understand the importance of using two forms of birth control, one of which must be a barrier method (while being treated). I also understand that I must tell my healthcare provider if I do become pregnant.

I understand that I need to have a blood test after treatment to make sure my Hepatitis C medication worked to cure my disease.

**I agree to immediately notify my prescriber if for any reason I feel that I should stop my treatment. I understand that if I don't complete my full course of medication that my Hepatitis C may not be cured.**

Patient Printed Name

Patient Signature

Date

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☐ (Prescriber) I understand that a Sustained Virologic Response at 12 weeks (SVR12) measurement of the hepatitis C viral load is required to verify treatment success.

Prescriber Signature

Date

Updated 7/23/2025

