



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.
- If the patient has been diagnosed with a Substance Use Disorder, the prescriber has counseled/recommended/encouraged the patient to enroll in a treatment program.
- (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.
- I agree to **IMMEDIATELY** notify my prescriber if for any reason I feel that I should stop my treatment. I understand that failure to complete my full course of therapy solely due to actions on my part may result in loss of future coverage through Medicaid.

- - - - -

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

X _____
Patient Signature

Date

X _____
Prescriber Signature

Date