TREATMENT AGREEMENT (3 PARTY)

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

Provider Responsibilities

As your medical professional I will:

Treat everyone involved with respect  _____
Not judge you  _____
Follow all federal and provincial laws  _____
Listen to you with my undivided attention  _____
Communicate with other involved healthcare providers when required  _____
Keep information confidential unless required by law  _____
Focus on your safety and the safety of those around you  _____
Provide information about overdose  _____
Require that take home doses be stored in a locked box to protect children  _____
Report as required by law when a child is at risk  _____
Report as required by law when someone is unsafe to drive  _____
Report as required by law when someone’s life has been threatened  _____
Report when a person is a threat to themselves as required by law and make arrangements for them to be cared for  _____
Reportable certain communicable diseases as required by law  _____
Assess medical problems and give recommendations  _____
Prescribe medicines when appropriate  _____
Always list the start and stop dates on your prescriptions so that we are all clear on when you need to come back to the clinic  _____
Help you arrange your next appointment before you leave the clinic from this appointment  _____
Review your treatment at appropriate intervals  _____
With any treatment, review benefits, risks and alternatives  _____
Keep timely and accurate notes  _____
Follow published provincial treatment standards and guidelines  _____
Register the treatment with the Prescription Monitoring Program  _____
Stay informed about best practice  _____
Be available when needed  _____
Arrange for your care when I am unavailable or away

Answer your questions about your treatment

**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:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Signatures: _________________________________________ Provider               Date: ______________________________

_________________________________________ Pharmacist          Date: ______________________________

_________________________________________ Patient                Date: ______________________________