

Hepatitis C Patient Consent Form

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

- I agree to complete the entire course of treatment and have laboratory tests before starting, during, and after completing treatment as ordered by my healthcare provider.
- I understand that for the medication to work, it is important that I take my medication each day for the entire course of treatment.
- I understand the importance to not drink alcohol or use illicit drugs during and after my treatment for Hepatitis C.
- I understand how to avoid being re-infected with Hepatitis C during and after my treatment.
- (Females) I understand that these drugs are harmful to babies. I will use two methods to avoid getting pregnant. I understand that this medication may cause serious birth defects to an unborn child for up to 6 months after I have completed my treatment.
- (Males) I understand that while I am taking the medication, I must avoid getting my partner pregnant. If my partner becomes pregnant, the baby may have serious birth defects. My partner and I will prevent pregnancy using two forms of birth control for up to 6 months after my treatment is complete. If I have a committed partner, I have discussed these risks with her.

Patient Signature _____ **Date** __/__/__

Pharmacy or Prescriber Representative:

Signature _____ **Date** __/__/__

By signature, the pharmacy or prescriber representative confirms the contract has been reviewed with the patient.