

## Prescribed Treatment Agreement

**(3-way agreement to be used if receiving treatment prescribed by Addaction Cornwall)**

<b>Client Name</b>		<b>Client Date of Birth</b>	__ / __ / __	<b>Client Photograph</b>        <small>This photograph is for confirming the identity of the client in the pharmacy for drug treatment only. It may not be shared with any parties outside this agreement, copied or used for any other purposes.</small>
<b>Client Address</b>		<b>Client Contact Number</b>		
<b>Addaction Recovery Worker Name</b>		<b>Addaction Contact Number</b>		
<b>Addaction Address</b>				
<b>Prescriber Name</b>		<b>Prescriber Contact Number</b>		
<b>Prescriber Address</b>		<b>Shared Care? (Please Circle)</b>	Y / N	
<b>Community Pharmacy Name &amp; Address</b>				

**A mutually convenient time must be agreed with you to have your medication dispensed. Medication may be collected from the pharmacy during the following hours:**

*(to be completed by the pharmacy)*

	<b>Mornings</b>		<b>Afternoons</b>	
Mon	From:	To:	From:	To:
Tues	From:	To:	From:	To:
Weds	From:	To:	From:	To:
Thurs	From:	To:	From:	To:
Fri	From:	To:	From:	To:
Sat	From:	To:	From:	To:
Sun	From:	To:	From:	To:

The purpose of this prescribed treatment agreement is to enable the use of medication to be safe and effective to support the client in their recovery journey.

**Consent to the use of a photograph for identification:**

We, the treatment provider (Addaction Cornwall) and pharmacy, agree that the client's photograph and personal information contained within this agreement will be used for the sole purpose of identifying the client during prescribed treatment and stored securely at all times. It will not be issued to, or viewed by any individuals or agencies outside this agreement.

I, the client, consent to my photograph being taken by Addaction Cornwall, stored by my pharmacy and Addaction Cornwall and used for the sole purpose of identification during my prescribed treatment.

**Information about medication**

It is important that you are provided with information about your medication in a format that you can understand. It is also important that you know about the different types of prescribed treatment options to help you make an informed decision about which will suit you best.

I, the client, confirm that I have been offered written information about my medication, which I have:

ACCEPTED                       DECLINED

As the providers of your treatment, the Community Pharmacy, Addaction Cornwall (and GP if under shared care), will:

- Fully support you in your recovery programme and in the decisions you make with regard to your medication in a way that helps to keep you safe and well.
- Treat you with respect, courtesy, understanding, kindness, compassion and honesty at all times and not to judge you if you stumble or lapse in your recovery plan.
- Keep you fully informed of your treatment options and provide information about medication and the potential benefits and risks.
- Respect that you have the right to decline or accept the treatment offered to you.
- Discuss and exchange information on your behaviour, your state of health, attendance and other factors relating to your treatment.
- Provide lockable boxes for safe storage of medication if you require one.
- Communicate with providers who may be treating you for other conditions as agreed with you to support your recovery.
- We will not share confidential information unless we are concerned about your safety and well being.
- Include your family and friends in your recovery plan if this is requested by you.
- **If you are under supervised consumption**, you will be provided with water in a disposable cup and a quiet area to take your medication in order that your confidentiality is respected.

We ask you to treat the practice, clinic, pharmacy, other patients and staff with respect. This means that you will:

- Not be abusive or violent.
- Not smoke or drink alcohol on health premises.
- Not bring, or use, illicit drugs or weapons onto the premises.
- Not attend the practice, clinic or pharmacy whilst intoxicated.
- Attend the practice, clinic and pharmacy within agreed times and at agreed intervals.
- Attend the practice, clinic or pharmacy on your own unless otherwise agreed.
- Be patient if the practice, clinic or pharmacy is busy – you will always be seen as soon as possible.
- Remove any hoods or hats; this will assist staff in identifying you correctly.
- Act in an acceptable manner in and around the practice, clinic or pharmacy: unacceptable behaviour includes shoplifting, verbal abuse or physical violence to staff or other patients.
- Collect any prescribed medicines in person unless otherwise agreed.
- Take the medication as prescribed and will not share it with any other person.
- Understand that any prescribed medication or prescriptions given to me are my responsibility and will not be replaced (for example if they are lost, stolen or spilt).
- Understand that if I miss more than 3 consecutive days of dispensing, or if my attendance is irregular, my medication may be withheld for my safety (due to loss of tolerance) and I will need to engage with treatment services before prescribing can be resumed.
- Understand that if there is a problem with the legality of your prescription the pharmacist will not be able to dispense it. They will do all they can to ensure that you do not miss a dose as a result.
- Understand that failure to collect a dose on the specified day, or are not in a fit state to be given it, you will not be able to collect it on a later day.
- Understand that the healthcare professionals involved in your treatment have to assess the safety of your prescription, which may mean they need to ask questions about this.
- Give 14 days notice for any requests for changes to my prescription.
- Store, transport and dispose of all medication, other substances and paraphernalia safely and securely, including out of the sight and reach of children and others, particularly if you have children living or regularly visiting your accommodation, or if you share your accommodation with another person. This is because of the potentially fatal consequences to both children and adults who do not have tolerance to them.
- Not stock-pile medication and will return any unused medication to the community Pharmacy for destruction.
- **If you are under supervised consumption**, take any prescribed medicines on the pharmacy premises in accordance with the pharmacy staff's instructions.
- Understand that failure to keep to the above points may result in your treatment being stopped.

We, the undersigned Client, Pharmacy and Addaction Cornwall agree to the terms laid out in this agreement.

Client Full Name		Signature		Date	___ / ___ / ___	Client Copy (Please Circle)	Y / N
Pharmacy Representative Name		Signature		Date	___ / ___ / ___	Pharmacy Copy (Please Circle)	Y / N
Addaction Representative Name		Signature		Date	___ / ___ / ___	Addaction Copy <b>uploaded to HALO</b> (Please Circle)	Y / N