## **Pharmacy & Patient Agreement.**

(Name of chemist
What the patient will do:
<ul> <li>Treat pharmacy staff with respect and behave appropriately.</li> <li>Attend the pharmacy daily or as indicated on the prescription within agreed times if established.</li> <li>If you "miss" your pick up day you "miss" your dose(s) until your next pick up day.</li> <li>Not attend intoxicated with alcohol and/or drugs. If you do your prescription for that day will be withheld and your doctor and/or key worker informed.</li> <li>Attend alone and leave pets outside.</li> <li>Not allow any other person to attend the pharmacy on your behalf unless</li> </ul>
<ul> <li>Not allow any other person to attend the pharmacy on your behalf unless previously arranged by your doctor or key worker and the appropriate letter received.</li> <li>Be aware that the pharmacy may have to pass on necessary information about</li> </ul>
<ul> <li>your case to the doctor or key worker on a "need to know" basis.</li> <li>Be aware that the pharmacy will need to inform your doctor or key worker if you miss three consecutive doses. This may result in a reassessment of your treatment.</li> </ul>
<ul> <li>Provide a photo for identification purposes or allow the pharmacy to take a photo.</li> <li>Drink the methadone, or dissolve the buprenorphine under the tongue swallow in front of the pharmacist when required to do so.</li> </ul>
What the pharmacy will do:
<ul> <li>Treat you with respect and maintain confidentiality</li> <li>Have responsibility for your care.</li> <li>Liaise with the doctor or Recovery worker with regard to your treatment.</li> <li>NOT dispense your prescription to a representative unless previously authorised</li> </ul>

- ed by the doctor or key worker.
- Refer you back to your doctor or key worker if you miss three consecutive doses if we are unable to resolve the situation before your attendance.
- Dispense the medication only in accordance with the prescription.
- Provide health promotion and education.
- Provide you with the opening hours of the pharmacy and hours during which you are able to collect your dose.

<ul> <li>Keep records of your attendance.</li> <li>Agree an appropriate time and area of the store for supervision of your script, which respects your rights.</li> </ul>		
Date:		
Patient name:	Pharmacist:	
Signature:	Signature:	