

OUTSIDE HEPATOLOGY CONSULTING SERVICE CONSENT FORM



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CONSENT FORM FOR HEPATITIS C TREATMENT

I understand it is my choice to be treated for HCV. I also understand and agree to the conditions below and if I do not follow these guidelines, the doctor will stop my treatment:

- I will not start therapy if I am drinking or using illegal drugs, and I give my primary prescriber my permission to randomly test me as needed.
- I will not start therapy or continue therapy if I become pregnant or my significant other becomes pregnant.
- I will understand that with this treatment there are side effects, including changes in blood work, rash, depression, and flu-like symptoms.
- I will not stop therapy unless I talk with my prescribing physician first and I will notify my primary prescriber if I miss treatment.
- I agree that if I miss appointments of lab work, my therapy will be stopped
- I will provide my primary prescriber with the rights to consult with all my healthcare professionals regarding the medications I am on or have been on.
- I will provide my primary prescriber with all of the medications I take, including herbal and prescription products and will not start any medications or supplements without my primary prescriber's approval.
- I will attend a HCV education class prior to receiving my medications.

Offender/Patient Signature:

Date:

Medical Provider Signature:

Date:
