

OKLAHOMA DEPARTMENT OF CORRECTIONS

HEPATITIS C AGREEMENT FOR TREATMENT WORK-UP

Facility: _____

I understand that I may benefit from Hepatitis C Treatment. As part of this treatment, I may be required to transfer to another facility for continued treatment work-up. I may be required to consent to additional testing, monitoring, and/or imaging as determined necessary by the health care providers at the treating facility and/or by the Hepatologist in which my medical information will be shared with via Telemedicine consultations.

If it is determined that treatment is indicated, I will be required to take all of my HCV medications via pill line for directly observed therapy. I will be restricted to the facility that I take my HCV medications. This restriction will be lifted after I complete all the medications. I will also have (post) treatment monitoring that may consist of health care provider and or nursing visits, lab draws, urine samples, and/or imaging studies. Despite the majority of medications only being an 8 to12-week duration regimen, post treatment monitoring may be required for a full year after I complete my medications.

If a medical transfer was necessary prior to my receiving treatment, the medical hold specifying I must remain at the treating facility will be lifted. A medical transfer back to my previous facility may or may not be indicated.

If I refuse (waive) any part of the treatment work-up or medications, this agreement is null and void. Should I want HCV treatment after waiving, I will be required to sign this agreement again. Future treatment after waiving is not guaranteed.

Please check one of the boxes below which describes your situation

I have read and fully understand the terms of this consent

I do not speak or read English and an interpreter has explained this consent to me. I fully understand the terms of this consent.

Name of Interpreter: _____

Nurse Educator's Signature _____ Date _____

Inmate Signature _____ DOC # _____ Date _____

Inmate Name (Last, First) DOC #