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Hepatitis C Treatment Agreement

I, _____ talked to my doctor and agree:

- I will not use alcohol or drugs, and
- I have been drug and alcohol free for over one month, and
- I know how to avoid being re-infected with Hepatitis C, and
- I will use two forms of birth control during treatment and for six months after treatment (applies to both males and females) and,
- I agree to have a monthly pregnancy test as ordered by my doctor and,
- I will tell my doctor if I become pregnant (females only) and,
- I agree to complete the entire course of treatment and,
- I will have all lab tests as ordered by my doctor.

Printed Name

Date

Signature