

4-WAY TREATMENT AGREEMENT

Service User, Doctor, Key-worker & Community Pharmacist

Please take time to read all sections of this agreement before signing it.

Service User

I,

Understand and agree to the following conditions of treatment:

- I will collect my prescription from
At a time agreed between the pharmacist and I.
- I am responsible for any drugs which I am prescribed and if I should lose them or take them other than as directed they will not be replaced.
- The pharmacist has the right to refuse to dispense to me where I present to collect my prescription and am considered by them to be intoxicated.
- I understand that if I fail to collect my dose for three days or more, my treatment will stop.
- I understand that I cannot have my prescriptions dispensed by any other pharmacy without renegotiating this Four-Way Agreement.
- I will keep all appointments scheduled between my doctor and myself.
- I understand that I can only obtain prescriptions from the doctor named in this contract unless alternative arrangements are made.
- My prescriber will be notified in the event of non-attendance for appointments/ prescription.
- I will keep all appointments scheduled between my addiction worker and myself.
- To keep my appointments promptly and, unless absolutely necessary, unaccompanied.
- To allow sharing of relevant information by all professionals involved in my treatment and at 6 month follow-up.
- To treat with respect all people I have contact with in connection with my treatment.
- I will provide a urine sample for analysis if requested.
- To participate in periodic reviews as necessary.

Doctor

I, the Doctor named below, understand and agree to the following conditions of treatment:

- To ensure that I and other surgery staff treat the above named service user with respect.
- To provide adequate substitute drug treatment for the above named service user.
- To provide a clear and legible prescription that meets legal requirements for controlled drugs.
- To communicate with the Addictions Worker who will arrange dispensing.

- To share relevant information with all professionals involved in the treatment.
- To participate in periodic reviews as necessary.
- The pharmacist is notified promptly especially when treatment ceases abruptly.

Key-worker

I, the addiction worker named below, understand and agree to the following conditions of treatment:

- To treat the above named service user with respect.
- To give the service user regular counselling support sessions.
- To provide a Personal Programme Plan to meet the needs of the service user.
- To facilitate access to other external services as appropriate for the service user.
- To share relevant information with all professionals involved in the treatment.
- To participate in periodic reviews as necessary.

Pharmacist

I, the pharmacist named below, understand and agree to the following conditions of treatment:

- I agree to dispense the prescription at the time (.....) agreed between the client
..... and I.
- To ensure that all pharmacy staff treat the above named service user with respect.
- To ensure that requested supervised dispensing takes place in a private /'quiet' area of the pharmacy.
- To share relevant information with all professionals involved in the treatment.
- To participate in periodic reviews as necessary.

	<u>NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
Service User
Doctor
Key-worker
Pharmacist