

## Treatment Agreement

Name and DOB:	Date:
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This document describes the contract that you and the surgery are entering into to help manage your drug dependency. The surgery staff will treat you with respect and dignity. You will be involved in a full assessment which makes sure that decisions on your care and support are based on your needs. You will receive a written Personal Plan and we will work with you to achieve the jointly agreed actions in your plan.

*The service provided to you will respect your confidentiality. Following the guidelines in place to protect children the professionals involved in your care may have to share information that would help to ensure the safety of a child.*

You will be able to access safe, quality surroundings when being treated by the surgery and to help maintain this standard for all staff and patients we ask you to:

1. agree to attend appointments promptly and quietly.
2. agree to behave with respect and courtesy to staff and other patients using the surgery.
3. agree to attend appointments unaccompanied whenever possible.
4. accept responsibility for turning up for appointments on time.
5. agree to attend only the doctors mentioned below except for unrelated medical emergencies.
6. agree not to use emergency appointments, house calls or the out-of-hours medical service to discuss medication prescribed to help treat drug dependence.
7. agree to be responsible for your prescription and medication and recognise that, once issued, these cannot be replaced.
8. understand that you may be required to take your medication under supervision if requested by the doctor.
9. understand that if you do not attend the chemist regularly to collect your medication, your prescription may be stopped.
10. agree to information that might help to protect the safety of a child being shared with other relevant professionals if a member of the surgery staff feels this is necessary.

### **Safe use of medication**

- *Any medication prescribed to you is for your use only: you must not give it to anybody else.*
- *It is your responsibility to store it safely, preferably in a locking cupboard or box.*
- *If you are starting methadone treatment, you will need to attend the agreed chemist daily and take your methadone under supervision. The chemist may ask you for proof of I.D.*
- *If relevant, you are responsible for notifying the DVLA that you are on treatment: they will determine your fitness to drive.*
- ***Methadone can kill someone who is not used to taking it, and a very small amount can kill a child. You must make sure that your methadone cannot be taken by a child or another adult.***

My Doctors name is:	
In his/her absence I will consult:	

I have read the above rules, I understand what they mean, I agree to abide by them and realise that if I do not, it may not be possible to remain in treatment at the surgery.

Patient's signature:	
Doctor's signature:	