



Patient Consent Form – Hepatitis C

I, _____, have been counseled by my healthcare provider on the following:

- The importance of not drinking alcohol or using illicit drugs during and after my treatment for Hepatitis C, and
- How to avoid being re-infected with Hepatitis C during and after my treatment, and
- (Male)** The importance of using birth control and encouraging my partner to also use birth control.
- (Female)** The importance of using two forms of birth control and I agree to have pregnancy tests as ordered by my healthcare provider. I also understand that I must tell my healthcare provider if I do become pregnant.
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- I also agree that I will complete the entire course of treatment, as well as all associated laboratory tests during and after treatment, as ordered by my healthcare provider.
- I attest that I have been drug and alcohol free for the past **three (3) months** (results of a random drug screen may be required for verification).

X _____
Patient Signature Date

Please give this form to your physician to include with the Prior Authorization request for Hepatitis-C treatment.