

SERVICE USER AND PROVIDER AGREEMENT

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

Service User _____ **Keyworker** _____

Service users

I agree

- To treat with respect all people I have contact with in connection with my treatment
- To keep my appointments promptly and, unless absolutely necessary, unaccompanied
- To accept responsibility for my prescription and medicines as replacements are not normally issued
- To store any medicines I am allowed to take home safely away from others, especially children
- To my prescription being withheld if I am intoxicated or have missed more than two consecutive daily doses
- To provide samples for drugs of abuse screening
- To allow sharing of relevant information by all professionals involved in my treatment and to voluntarily disclose my treatment if I attend other providers such as Emergency Department, Out-of-hours or my own GP
- To participate in periodic reviews
- To inform the Driver and Vehicles Agency (DVA) if I intend to continue driving, as required by law
- To discuss any holiday plans with the clinic well in advance of travel and provide documentary proof of same
- To supervised consumption of medicines in the pharmacy at mutually agreed times of day
- Not to engage in any antisocial or illegal behaviour in the clinic or pharmacy including theft, shoplifting and verbal/physical aggression
- Not to make any attempt to obtain medicines by deception or to sell any medicines provided
- Not to conceal or carry weapons

Service providers

I agree

- To share relevant information with all professionals involved in the treatment
- To participate in periodic reviews as necessary
- To treat the above-named service user with respect
- To ensure that the staff I work with treat the above-named service user with respect (Doctor/Pharmacist)
- To provide high quality health care, as for any other service user (Doctor)
- To provide adequate substitute drug treatment for the above-named service user (Doctor)
- To provide a clear and legible prescription that meets legal requirements for controlled drugs (Doctor)
- To contact a community pharmacist and arrange dispensing (Doctor)
- To give the service user regular therapeutic support sessions at the shared care clinic (Keyworker)
- To provide a personal programme plan to meet the needs of the service user (Keyworker)
- To facilitate access to other Health & Social care as appropriate for the service user (Keyworker)
- To facilitate access to other external services as appropriate for the service user (Keyworker)
- To provide the service user with information about medicines (Pharmacist)
- To ensure that the supervised dispensing takes place in a private area of the pharmacy (Pharmacist)
- To explain protocols for missed doses (Pharmacist)
- To provide a pharmacy practice leaflet giving information about the service (Pharmacist)

Attention: If you fail to benefit from treatment a case review will be arranged to review your care

Service user:	Date:	Pharmacist:	Date:
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Keyworker:	Date:	Doctor:	Date:
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Warning: Methadone or buprenorphine can be dangerous, especially when taken by anyone who has no tolerance to it or with other opioids, benzodiazepines and/or alcohol