

Directly Observed Therapy (DOT) Agreement for Tuberculosis (TB) Treatment

Name _____ DOB _____ Home phone: _____
Address _____ Work phone: _____
City _____ ZIP _____ Cell phone: _____
Emergency Contact Person _____ Phone: _____
Health Department _____ Date: _____

I, _____ **understand and agree that**
(Name of Client)

1. The only way to get well is by taking my TB medicine exactly as my nurse or doctor tells me. If I do not follow these directions, my illness could come back worse than before. Then it could be harder to treat, take longer to treat and could spread the disease to others.
2. I will be taking several medications for a long time (6 months or more) in order to kill the TB germs.
3. I agree to cooperate with the supervised DOT program to help remind me to take my medicine and to make sure I complete my treatment and get well. In this program, a designated public health employee or a trained DOT worker is authorized as my agent to maintain possession my medication and to be present when I take my TB medicine.
4. I will be at: ____ Home ____ Work ____ Clinic/LHD ____ Other (specify) _____
between the hours of _____ and _____ for my DOT visit.
5. If I cannot be at the agreed place and time, I will call _____ at _____
to change the visit.
6. If I do not call in time to change the visit, I know that I may have to go to _____
between _____ for my DOT visit.
7. I will tell my DOT worker if I have any problems. I may be asked to go to _____
to meet with a doctor or nurse and/or to have tests during my treatment.
8. I know that if I miss my visits and do not take my treatment as scheduled, legal action may be taken.

I, _____ **understand and agree that**
(Name of Health Dept./Case Manager)

1. If I cannot be at the agreed place and time, I will call _____ at _____
to change the visit.
2. I will keep the client's health data private.
3. I will answer questions and concerns of the client. I will help link the client to other services as needed.
4. I will promptly tell the doctor or nurse of anything out of the ordinary. I will give reports as needed.

Client

Nurse

DOT Provider