

TREATMENT CONTRACT

Here at _____

Provider/Hospital/Clinic

we are committed to providing safe and high quality care to our patients. Part of your medical treatment includes the continuance of intravenous antibiotics (IVAB) or other treatments for period of approximately ____ days. A Peripherally Inserted Central Catheter (PICC) or central line has been inserted to administer the IVAB or other treatments.

Patient's Initials

I have been instructed that the PICC or central line is to be used only for medication and flushes prescribed by my doctor and treatment team. I have been informed there are risks associated with unauthorized use of the PICC line including infection of the catheter, bloodstream infection, introduction of air into the line (which can travel through the vein into the heart and cause death), clotting or other blockage of the catheter. There may be other problems, not listed here but related to using the catheter for injection of non-approved drugs, which could lead to serious complications including death.

I agree NOT to use the PICC line for any purpose other than to administer prescribed medication and flushes for maintenance. I understand there are life-threatening consequences of IV drug use and specifically agree to abstain from using recreational IV drugs through this central or PICC line intended to treat my serious medical condition. I understand that abuse of the line could lead to changes in my treatment plan up to and including removal of the central line or PICC.

Patient's Initials

I agree to comply with any recreational drug testing that may be prescribed by my treating physicians. I acknowledge a positive drug test for any non-prescriptive drug may result in the termination of health services between _____ and me.

Provider/Hospital/Clinic

Patient's Initials

Patient's Name

Provider's Name

Patient's Signature

Provider's Signature

Date

Date