

4-Way Pharmacy Agreement

The purpose of this agreement is to clarify for you as the Service User the rights & responsibilities, essential points of contact and main issues about your prescribed medication. Each party should complete and sign the relevant section. Once completed, the pharmacy will give you a copy, keep one at the pharmacy and return the other copies to Turning Point and the prescriber.

1 - My Details

My name:	
My date of birth:	
My address:	

2 – Person Providing Prescription

Name of GP / Prescriber:	
Recovery worker's name:	
Recovery worker's telephone no.:	
Telephone no. for prescriber (if different):	
Agreement start date:	

3 – Signing by Recovery Worker & Prescriber

I have agreed with the service user a suitable pharmacy. I have given him/her a copy of the prescribing agreement and information about confidentiality.

	Recovery Worker	Prescriber
Name:		
Signature:		
Date:		

4 – Pharmacy Details

Pharmacy name:		
Pharmacy Address:		
Pharmacy Telephone:		
Is a private area for supervised consumption available at this pharmacy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If available, does the service user wish to use this private area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5 - Availability

Supervised consumption is available from this pharmacy during the following times:

Day	am	pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

6 – Private Question

To help new pharmacy staff to identify you please provide a private question and answer such as your Mother's maiden name or pet name.

Question:	
Answer:	

7 - Rights, Responsibilities and Expectations



My rights and responsibilities

- Pharmacy staff will not treat me differently from other customers.
- I am entitled to a regular and reliable service.
- I am expected to attend for supervised consumption regularly, alone and within the times specified, except by prior arrangement.
- There is no out of hours service, so if I do arrive to collect my medication outside the times agreed, I will not be able to collect my prescription for that day.
- If I am receiving Buprenorphine or Subutex/Suboxone on supervised dispensing, I am expected to remain in the pharmacy until it has fully dissolved (5-10 minutes).
- I agree to pay the prescription charges (if applicable) at my first visit to the pharmacy.
- I will bring photo ID as proof of my identity when I first attend the pharmacy.

What I can expect from the pharmacy

- The pharmacy will agree with me where supervision will take place.
- Pharmacy staff are not permitted to dispense prescriptions for supervised consumption to me, if I appear to be under the influence of drugs or alcohol.
- Pharmacy staff are not permitted to dispense prescriptions to me if I have missed three consecutive daily doses. The pharmacy staff will then inform my recovery worker or person providing my prescription.
- Pharmacy staff are entitled to refuse to serve me if any behaviour is deemed inappropriate, just as they would any other member of the public.
- If incidents occur, pharmacy staff will contact my recovery worker or person providing my prescription.
- Pharmacy staff will offer me a private area in the pharmacy to take my medication, if it exists. It is my choice as to whether I use this facility or not.
- I accept that pharmacy staff are expected to check my identity before dispensing each day. To do this they may ask my name, date of birth or personal question written on this agreement.
- The pharmacy staff may contact Turning Point to pass on any information which relates to my treatment and care.

8 – Signing the Agreement

Service User

I understand my rights, responsibilities and the expectations as described above.

Signature:	
Date:	

The pharmacy agrees to provide a service in line with this agreement.

Name:	
Signature:	
Date:	