

Direct Observed Therapy Agreement
Virginia Department of Health * Tuberculosis Control

Name _____ DOB _____

Address _____ Health District _____

City _____ ZIP _____ Phone _____

It has been explained to me that the most effective way to treat tuberculosis is by taking medication on a regular basis to kill the infection.

It has been explained to me that the most effective way to take tuberculosis medicine regularly is to be placed in a Direct Observed Therapy (DOT) program. In this program, a TB worker helps you take your TB medicine according to the plan ordered by your doctor and answers your questions.

I, _____ understand and agree to the following:
Name of Client

1. I will be at: _____ Home
_____ Work (Responsibility: ___ LHD ___ Interjurisdictional _____)
_____ Clinic/LHD
_____ Other (specify) _____
between the hours of _____ and _____ to receive my tuberculosis medicine.
2. If, for any reason, I cannot be present to take my medicine at the normal place and time, I will call _____ at _____ to
Name of Person Phone Number
change the appointment.
3. If I do not call to change the appointment or call too close to the scheduled time, I understand that I may have to go to _____
Name of Place
before the end of business hours _____ to take my medicine.
Time
4. I will tell my DOT worker of any complaints, questions or problems that I have. I understand that if I am having side effects to the medicine, I may be asked to go to _____ to meet with a doctor or nurse and/or have laboratory tests.
Name of Place
5. I understand that if I miss my appointments and do not take my medicine regularly, legal action may be taken.

The _____ agrees to provide the following:
Name of Health District/Case Manager

1. The DOT assignee will be available to assist the client at the assigned location during the time period arranged. If the DOT worker needs to change the appointment time or place, every effort will be made to give the client adequate information in advance.
2. The DOT assignee will maintain patient confidentiality.
3. The DOT assignee will respond to all questions and concerns raised by the client and assist with referrals to other service agencies as appropriate.
4. The DOT assignee will immediately notify the Case Manager of client concerns and provide feedback as necessary.

Signature of Client

Signature of Case Manager

Signature of ORW/DOT Assignee