

## Direct Observed Therapy Agreement

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Local Health Department Name: \_\_\_\_\_

Treatment of active tuberculosis with prescribed medications will in most cases cure TB. TB medications must be taken for at least 6 months, and sometimes longer. The standard of care for taking TB medications is called Directly Observed Therapy (DOT) and is done by your local health department. DOT requires you take your TB medicine while being watched by a nurse or other staff.

I, \_\_\_\_\_ understand and agree to the following:  
**(Name of Client)**

1. I will be at: \_\_\_\_\_ between \_\_\_\_\_ to take my TB medicine.
2. I will tell my DOT worker of any complaints, questions or problems that I have.
3. I understand that if I miss my appointments and do not take my medicine regularly, legal action may be taken.

### In return the local health department will:

1. Meet you at the above location during the time arranged. If the appointment needs to be changed, we will notify you.
2. We will provide you with medications for TB without charge.
3. We will maintain your confidentiality, respond to your questions and address your concerns.

I have read the above information, understand it, and agree to the conditions.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Interpreter (if needed)

\_\_\_\_\_  
LHD TB Nurse or designee

\_\_\_\_\_  
Date