**Video Directly Observed Therapy Agreement**

The standard of care for taking TB medications is called Directly Observed Therapy (DOT) and requires you take your TB medicine while being watched by a nurse or other staff. If travel or other circumstances prevent you from taking your medications by DOT and medications must be self-administered, the Local Health Department (LHD) will make special arrangements to ensure continuation of your medications. This may include Video Directly Observed Therapy (VDOT).

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand and agree to the following:**

**(Name of Client)**

1. I will continue to take my medications self-administered as instructed by LHD staff.
2. I will use a video recording device (phone, tablet, camera, etc.) to record self- administered doses per instructions and will do one of the following:

* Upload and securely e-mail daily videos as instructed.
* Save videos and allow the LHD Nurse or other staff to view saved videos to verify administration.

1. Review of symptoms with LHD as instructed.
2. I will stop medications and seek medical attention if experiencing symptoms of an adverse medication reaction, as reviewed with LHD Nurse, and/or as advised by LHD.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ClientDate

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of LHD staffDate