Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

MOXΛI60722

MOCLI60722

Dossier :

Nom, prénom :

Date de naissance : ☐ F ☐ M
aaaa/mm/jj

NAM : Exp.
aaaa/mm

Nom, prénom de la mère :

Installation :

CONSENT TO PHARMACY SERVICE – INPATIENT ADDICTION REHABILITATION SERVICE

The pharmacy service that is being offered to you involves your medication being managed by the Groupe Santé Cardinal pharmacy and by the care staff during your stay at CRD St-Philippe.

ABOUT THE SERVICE

- The doctor at CRD St-Philippe will re-prescribe your regular medication and add others (based on their assessment) to manage your withdrawal symptoms or other medical condition(s).
- Your regular medications and those prescribed during your stay will be dispensed by Groupe Santé Cardinal.
- The institution will cover the full cost of your medications during your stay.

REASONS FOR/BENEFITS OF THE SERVICE

- Reliable medication supply chain.
- Timely delivery.
- Uniform, standardized documentation.
- Continuity of care: Timely availability of medication.
- Safety: Only sealed medication dispensed by a pharmacy can be administered during your stay. Any medication in your possession when you arrive will be logged and returned to you at the end of your stay.

ALTERNATIVE

You may make arrangements with your own pharmacy instead of Groupe Santé Cardinal, provided the following conditions are met:

- The medication must be sealed, dispensed by the pharmacy, and delivered to CRD St-Philippe.
- You will have to pay the dispensing and delivery fees for both your regular medications and any medications prescribed during your stay.

VOLUNTARY AND INFORMED CONSENT

☐ I have read about the pharmacy service, the terms and conditions, the reasons for/benefits of the service, and the proposed alternative.

☐ I was given the opportunity to ask questions about the implications of my consent.

☐ I was informed of my right to refuse or to withdraw my consent at any time, by verbally notifying a member of the treatment team.

☐ I was able to express my preferences or reservations about my consent. Specify:

☐ I consent to the pharmacy service offered by Groupe Santé Cardinal.

☐ I will make arrangements with my own pharmacy, and I agree to the conditions of this alternative.

☐ Service user's verbal consent obtained.

Service user's signature: Date: yyyy/mm/dd

Signature of authorized person: Date: yyyy/mm/dd

Worker's signature and title: Date: yyyy/mm/dd