



Patient Consent Form – Sovaldi

I, _____, have been counseled by my healthcare provider on the following:

- About the importance of not drinking alcohol or using illicit drugs during and after my treatment for Hepatitis C, and
- About how to avoid being re-infected with Hepatitis C during and after my treatment, and
- About the importance of using two forms of birth control and I agree to have a pregnancy test every month as ordered by my healthcare provider. I also understand that I must tell my healthcare provider if I do become pregnant. (Complete this section if applicable)
- I also agree that I will complete the entire course of treatment and have laboratory tests before starting, during and after completing treatment as ordered by my healthcare provider.
- I attest that I have been drug and alcohol free for the past three months.

X _____

Patient Signature

Date

Please give this form to your physician to include with the Prior Authorization request for Sovaldi treatment.