

PRE-EXPOSURE PROPHYLAXIS CLINIC

PATIENT AGREEMENT

This agreement is entered into between Griffith Ave Practice and [] to outline the responsibilities and expectations of both parties regarding the provision and use of Pre-Exposure Prophylaxis (PrEP) services

THE PURPOSE

The purpose of this agreement is to ensure that the Patient receives PrEP safely and effectively while maintaining adherence to clinical guidelines and best practices.

PATIENT RESPONSIBILITIES

By signing this agreement, the patient agrees to the following

- ⊕ Understand that you are a patient of Griffith Ave Practice for the purpose of PrEP prescribing and treatment of incidental STI's only.
- ⊕ Attend all scheduled appointments, including routine check-ups and lab testing provided by the clinic in person every three months.
- ⊕ Take PrEP medication as prescribed and follow all medical instructions provided by the Clinic.
- ⊕ Notify the Clinic of any side effects, symptoms, or adverse reactions experienced while taking PrEP
- ⊕ Undergo routine HIV and sexually transmitted infection (STI) testing as required.
- ⊕ SH:24 results are NOT accepted in lieu of an in person visit.
- ⊕ Provide accurate and honest health history and disclose any changes in health status, medication use, or lifestyle that may impact PrEP effectiveness.
- ⊕ Use additional protective measures (e.g., condoms) as recommended by healthcare providers.
- ⊕ Refrain from sharing PrEP medication with others.

⊕ Appointments

- Fees €150 every 3 months.
- Extra Visits €65 per 15-minute appointment required for incidental infections and test of cure
- If you are within the window period for HIV infection (45 days since last unprotected sex), a repeat HIV test at the end of that window period will be required at a cost of €40
- If antibiotics are required to treat Gonorrhoea – a prescription will be arranged for injectable antibiotics at a cost of €25
- Cancellation Policy – we require 24hrs notice to cancel an appointment. If the appointment is cancelled within 24hrs, the full fee is forfeited and will not be credited for future appointments. To cancel patients can email reception@griffithavenuepractice.com or by calling the practice during office hours.

THE CLINIC RESPONSIBILITIES

The Clinic agrees to:

- ⊕ Provide education, counselling, and support regarding PrEP and sexual health.
- ⊕ Conduct routine medical assessments and laboratory testing to monitor PrEP effectiveness and Patient health.
- ⊕ Prescribe and dispense PrEP medication in accordance with medical guidelines.
- ⊕ Reserve the right not to start PrEP at an initial visit if patient is in a high-risk window period.
- ⊕ Refer you to Mater Infectious Diseases Team for certain conditions that are treated by consultants only.
- ⊕ Offer confidential and non-judgmental care to all Patients.
- ⊕ Address any concerns, questions, or issues related to PrEP treatment in a timely manner.
- ⊕ Refer the Patient to additional medical or support services as needed.

MEDICATION ADHERENCE AND FOLLOW UP

- ⊕ The Patient understands that PrEP is most effective when taken consistently as prescribed. Missing doses may reduce protection against HIV.
- ⊕ The Patient agrees to attend follow-up visits every **three months** for continued PrEP access and monitoring.
- ⊕ If the Patient misses' appointments or fails to adhere to PrEP guidelines, the Clinic may reassess continued eligibility for PrEP services.

- ⊕ An in-surgery STI screen before any repeat prescription of PrEP If you fail to attend for a screening, we will **NOT** issue a new prescription.
- ⊕ Should post exposure prophylaxis (PEP) be required due to an error in taking PrEP, you will be directed to the Mater Emergency Department for this. As per national guidelines, this is not available through GPs or community pharmacies.

CONFIDENTIALITY AND PRIVACY

- ⊕ The Clinic will maintain confidentiality regarding all medical records and personal health information in compliance with applicable laws and regulations.
- ⊕ The Patient understands that certain health information may need to be shared with authorized healthcare providers to ensure safe and effective treatment.
 - The Clinic has a legal duty to inform the public health authorities of all STIs (including herpes, chlamydia and gonorrhea). This will include your personal details, sexual history and diagnosis
 - The patient is required to notify sexual contacts if diagnosed with certain infections. If you do not, and the clinic is concerned about a person's welfare, we are required to notify them

TERMINATION OF AGREEMENT

This agreement may be terminated if:

- The Patient voluntarily discontinues PrEP use.
- The Patient repeatedly fails to adhere to required appointments or medical guidelines.
- The Patient experiences medical contraindications that require discontinuation of PrEP
- The Clinic determines that PrEP is no longer medically appropriate for the Patient.

ACKNOWLEDGMENT

By signing below, you acknowledge that they have read, understood, and agree to the terms

Patient Name (Block) _____

Date of birth (DD/MM/YYYY) _____

Patient Signature _____ Date _____

Clinic Representative: _____

Date _____

On behalf of



Dr Robert Scanlon

Dr Karen Aylward

Dr Sinead Morgan

Dr Cathal O'Sullivan