

Rules for Outside Medical Visits and Medication

I understand that upon my assignment to work release status I may choose to be responsible for my medical expenses including medication as part of my reintegration into the community. I further agree by my signature that I understand and agree to the following rules and conditions. I understand that I can be removed from the Work Release Program as a routine classification action by facility staff due to, but not limited to, misconduct or program failure.

1. I will only make a medical appointment in the community with the advanced approval of my case manager.
2. To be approved to go to a medical appointment in the community for any medical, dental, or vision appointments or to purchase over the counter medication, I must complete an itinerary in advance that must be recommended by a case manager and approved by the facility head. All costs incurred through these appointments are my responsibility and I will not seek reimbursement from the Department of Corrections.
3. Mental health services, including medications, will continue to be provided to me as they were in other levels of security. Psychotropic medications prescribed by outside medical providers will not be allowed without written permission from DOC mental health providers.
4. I may not purchase, possess, consume or use any over the counter medication that contains alcohol, psuedoephedrine, ephedrine, protonic or prevacid or Vicks/Benzedrix inhalers. I may only have Zantac (ranitidine) if there is a written order by a physician.
5. All prescription medications must be submitted to staff prior to taking any of the medication to allow staff to log the medication and provide direction. I understand that the facility I am housed at will make a determination regarding what medication must be locked at the control desk and what medication I may keep in my room. I agree to keep all medication in the original container and if approved to keep the medication in my room, I must keep it locked in my locker.
6. Immediately upon my return from a medical appointment, I agree to submit written documentation verifying what I was treated for, documenting any medication regime and any restrictions.
7. By agreeing to participate in Community Programming, I understand that an important part of my reintegration into society is for me to develop a plan for providing for my own medical needs. If I develop a need for medical care and I am unable or unwilling to accept this responsibility, I will notify the facility head in writing and they will ensure that DOC is notified.
8. I understand that if I fail to abide by an approved itinerary for any medical visit, fail to submit any prescribed medication to the staff immediately upon receipt, do not submit a written doctor report, do not comply with the limits of the approved medication dosage or submit a positive UA test, I may receive disciplinary action.

Offender Name (Print)	DOC Number	Offender Signature	Date
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Witness	Title	Date	Facility Name
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