MEDICATION AVAILABILITY AGREEMENT FOR SELF-MEDICATING RESIDENTS

Our community strives to offer medication services in a manner that promotes health and welfare, always keeping our residents’ best interest in mind. Although we offer the convenience of pharmacy services complementing our same philosophies, we understand that some residents Self-Administer their own medications, may choose to purchase their medications from an outside vendor, or independently. Keeping this in mind, we will support this choice, with provisions of the communities ability to purchase, at resident or Responsible Parties expense, required medications if resident or responsible is unable to, for any reason, fill needed pharmacy prescriptions.

Resident/Responsible Party's Responsibilities:
1. The resident/responsible party must provide the community with an emergency contact (name and phone number) in the event the chosen pharmacy, resident or responsibility fails to meet the requirements, as outlined above.
2. Resident/Responsible party agrees to pay any charges which occur due to delay in receiving medication from the pharmacy, resident or responsible party. The parties understand that the designated community staff person will obtain the needed medications from the community’s pharmacy if the medication is not received on time from the outside pharmacy. Charges may include emergency delivery fees, the cost of the medications, and any related medical supplies.

RESPONSIBLE PARTY CONTACT INFORMATION:

| Contact Name: _____________________________ | Relationship: ______________ |
| Home #: _________________________________ | Cell #: ______________________ |

ALTERNATE PARTY CONTACT INFORMATION:

| Contact Name: _____________________________ | Relationship: ______________ |
| Home #: _________________________________ | Cell #: ______________________ |

I fully understand the conditions outlined in this agreement and will uphold all responsibilities listed herein.

Resident _____________________________ Date _____________________________

Responsible Party _____________________________ Date _____________________________

Executive Director/Community Designee _____________________________ Date _____________________________