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 UNGAVA TULATTAVIK HEALTH CENTER
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

Commitment agreement for the mandatory treatment of tuberculosis

EMBOSS HERE THE CARD OF IHC OR UTHC or WRITE DOWN: LAST NAME, FIRST NAME, AND DATE OF BIRTH

I, _____, born on _____, have been informed that I have tuberculosis (TB). I understand that tuberculosis is a contagious disease, which can cause harm to my health and the health of others if untreated.

Treatment and isolation will be discussed and determined with my healthcare team.

As part of my treatment plan, I agree to:

- 1) Take my medication as prescribed for the full duration of the treatment,
- 2) Respect isolation measures for as long as I am considered contagious;
- 3) Attend scheduled appointments set by my healthcare team, or notify them if I am unable to do so;
- 4) Perform medical exams (e.g. blood test, sputum test, chest X-ray), as necessary, to monitor for adverse effects and ensure a good response to treatment;
- 5) Inform my healthcare team if I plan to leave the community, because arrangements for treatment follow-up must be organized before I go;
- 6) Notify my healthcare team and provide them with my new contact details in case of a change of address, phone number or email;
- 7) Promptly report any issue or interruption in my treatment.

My healthcare team commits to:

- 1) Explain my diagnosis, treatment, and follow-up plan clearly in a language I understand (using interpretation if needed);
- 2) Monitor my health regularly, follow up on test results, and adjust treatment if necessary;

- 3) Offer support to help me complete my treatment, including addressing side effects and barriers;
- 4) Provide necessary documentation and coordination if I need to travel or transfer care;
- 5) Be reachable and provide clear contact details for urgent concerns;
- 6) Respect my confidentiality, privacy, dignity, and cultural safety.

TB treatment is long and not always easy. Support from family and friends can help. Here are the names of people I trust who can be contacted for support, if necessary:

1. _____
2. _____

TB treatment is **mandatory**, as stated by Article 83 of the Public Health Act¹ and Article 35 of its ministerial order. Because TB treatment is important for my health and to protect others, Québec's Public Health Act allows certain measures to ensure treatment completion. These measures will only be considered if other supportive measures have failed.

According to the Public Health Act, Articles 106 (paragraph 7), 108 and 109, an order may be issued by the court that would require me to receive the medical treatment necessary to prevent contagion. This can involve staying in a designated hospital or healthcare facility.

The above document has been explained to me in the language of my choice. I understand the treatment plan as prescribed, and I agree to respect its terms and conditions².

Give one copy to the patient and keep the original in the medical file.

Signature (beneficiary) – *optional*: _____

Community

Date (AAAA-MM-JJ)

Signature (Healthcare professional): _____

¹ <https://www.legisquebec.gouv.qc.ca/fr/document/lc/s-2.2?langCont=en>

² If the patient is under 14 years of age or is unable to give informed consent, this document must be read and explained to the parent, guardian or legal representative.