



## **Agreement to Abstain from Alcohol and Substance Abuse**

**On going alcohol and substance abuse significantly decreases post-transplant survival. Complete abstinence from substances such as drugs and alcohol provide a transplant recipient with a higher likelihood of long-term survival. As such, the Northwell Transplant Program requires that all patients abstain from the use and abuse of drugs and alcohol. Your transplant eligibility is contingent upon your agreement of the following:**

**1. I understand that as a patient in the Transplant Program, I am prohibited from using or abusing: alcohol, cocaine, opiates, amphetamines, hallucinogens, and any other controlled substance, and will be screened regularly for the use of such substances.**

**2. I understand that during evaluation, I may be required to join a relapse prevention program, to be considered for transplant.**

**3. I understand that if I use or abuse the substances covered by this agreement it will result in non-listing for a transplant.**

**If I am already listed for a transplant and it is discovered that I have used or abused the substances covered by this agreement, I will be removed from the waiting list.**

**4. I understand that if I have used or abused the substances covered by this agreement while listed for a transplant, I will be required to do the following before I am considered for re-listing:**

- I will be required to complete a treatment program of my choosing and approved by the Northwell Transplant Program
- I will provide verification of successful completion of that treatment program.
- I understand that I will be subject to random testing to assure compliance with this agreement. I authorize the Transplant Team to perform the tests and review the results of those tests. I authorize test results issued by other providers be shared with the Transplant Team.

**I acknowledge that I have read the above terms and that I have had the opportunity to ask questions to help me understand this agreement. By signing this agreement, I agree to abstain from the use and abuse of the substances prohibited by this agreement, and to notify the Transplant Team if at any time I am unable to comply with the terms of this agreement.**

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(patient signature)

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(date)

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(witness signature)

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(date)