

Buprenorphine Treatment Agreement

I agree to the following treatment contract for buprenorphine office-based opioid addiction treatment:

1. The risks and benefits of buprenorphine treatment have been explained to me.
2. The risks and benefits of other treatment for opioid use disorder (including methadone, naltrexone, and nonmedication treatments) have been explained to me.
3. I will keep my medication in a safe, secure place, where others especially children will be unable to gain access (for example, in a lockbox). My plan is to store this and all medications [describe where and how _____].
4. I will take the medication exactly as my healthcare provider prescribes. If I want to change my medication dose, I will speak with my healthcare provider first. Taking more medication than my healthcare provider prescribes or taking it more than once daily as my healthcare provider prescribes is medication misuse and may result in supervised dosing at the clinic. Taking the medication by snorting or by injection is also medication misuse and may result in supervised dosing at the clinic, referral to a higher level of care, or change in medication based on my healthcare provider's evaluation.
5. I will be on time to my appointments and respectful to the office staff and other patients.
6. I will keep my healthcare provider informed of all my medications (including herbs and vitamins) and medical problems.
7. I agree not to obtain or take prescription opioid medications prescribed by any other healthcare provider without consulting my buprenorphine prescriber.
8. If I am going to have a medical procedure that will cause pain, I will let my healthcare provider know in advance so that my pain will be adequately treated.
9. If I miss an appointment or lose my medication, I understand that I will not get more medication until my next office visit. I may also have to start having supervised buprenorphine dosing.
10. If I come to the office intoxicated, I understand that my healthcare provider will not see me, and I will not receive more medication until the next office visit. I may also have to start taking supervised buprenorphine dosing.
11. I understand that it is illegal to give away or sell my medication; this is diversion. If I do this, my treatment will no longer include unsupervised buprenorphine dosing and may require referral to a higher level of care, supervised dosing at the clinic, and/or a change in medication based on my healthcare provider's evaluation.
12. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination and permanent dismissal from the clinic.
13. I understand that random urine drug testing is a treatment requirement. If I do not provide a sample, it will count as a positive drug test.
14. I understand that I will be called at random times to bring my medication container into the office for a pill or film count, on less than a 24-hour notice. Missing medication doses could result in supervised dosing or referral to a higher level of care at this clinic or potentially at another treatment provider based on my individual needs.

15. I understand that I will have visits that will occur from daily to weekly to every two weeks to every month according to the discretion of my healthcare provider AND the very strict laws of the Commonwealth of Kentucky. The frequency of my visits will primarily depend on my response to treatment and compliance with the treatment plan.
16. I understand that people have died by mixing buprenorphine with alcohol and other drugs like benzodiazepines (drugs like Valium, Klonopin, and Xanax).
17. I understand that treatment of opioid use disorder involves more than just taking medication. I agree to comply with my healthcare provider's recommendations for additional counseling and/or for help with other problems.
18. I understand that there is no fixed time for being on/taking buprenorphine and that the goal of treatment is for me to stop using all illicit drugs and become successful in all aspects of my life.
19. I understand that I may experience opioid withdrawal symptoms when I stop taking buprenorphine.
20. I have been educated about other FDA-approved medications used for opioid dependence treatment, methadone and naloxone.
21. I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and have been informed about methods for preventing pregnancy.
22. I will arrive at the clinic no more than 30 minutes prior to my set appointment time or be on clinic property more than 15 minutes after my appointment has ended. It is my responsibility to arrange appropriate transportation.
23. I understand that if I have questions, concerns, or any other issue that requires me to call the clinic, I will call ONCE and leave a message. Frequent repeated calls of an unfounded nature will be noted as inappropriate behavior. Harassing calls will be identified as to the patient involved and may result in dismissal from the clinic.

Other specific items unique to my treatment include:

Patient's Name (print): _____

Patient's Signature: _____ Date: _____