



Health and Therapy for Women

BUPRENORPHINE (SUBOXONE) TREATMENT AGREEMENT

As a participant in Buprenorphine (Suboxone) treatment for Opioid Use Disorder, I agree to the following:

1. To keep all my scheduled appointments or change the appointment in advance, except in case of emergency.
2. I agree not to sell, share, or give any of my medication to another person.
3. I agree not to deal/buy drugs at *Health and Therapy for Women*, or in its parking lots or property.
4. I agree that my medication/prescription will only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
5. I agree that the medication I receive is my responsibility and I agree to keep it safe and secure. I agree that lost/ stolen medication will not be replaced regardless of why it was lost/ stolen.
6. I agree not to obtain Buprenorphine (Suboxone), other Opioids, or Benzodiazepines (for example, Lorazepam, Diazepam/Valium, Clonazepam, Alprazolam/Xanax, etc.) from any other healthcare providers, pharmacies, or other sources without telling my treating physician.
7. I understand that mixing buprenorphine with other medications, especially Benzodiazepines (as in #6) can be dangerous. I understand that several deaths have occurred among persons mixing buprenorphine (Suboxone) and Benzodiazepines. There is also a risk of overdose death from mixing Buprenorphine (Suboxone) with large amounts of alcohol or other types of sedatives, such as barbiturates.
8. I understand that Buprenorphine (Suboxone) by itself is not enough treatment for my addiction, and I agree to participate in counseling/support groups as discussed and agreed upon with my healthcare provider. I understand that if my attendance at these groups is not confirmed then I will not be able to continue to receive Buprenorphine (Suboxone).

9. I agree to provide random urine samples for drug testing and have my healthcare provider test my blood alcohol level whenever I am asked to do so.

10. I agree that my goal is to stop using addictive drugs, and that I will work to stop using all addictive and illegal drugs during my treatment with Buprenorphine (Suboxone).

11. I agree that violating this agreement may result in my no longer receiving treatment with Buprenorphine (Suboxone).

12. I understand that if I decrease my use of Opioids (stop using Heroin, pain pills) or substitute Buprenorphine for these drugs, I have a higher risk of dying from an overdose if I relapse. I understand that if I relapse, I need to use small doses of Opioids until I learn what my body can tolerate.

13. I understand that if I relapse when I have been taking Buprenorphine, at first I may not get high from the other opioids because buprenorphine blocks their effect. I understand that if I keep using larger and larger amounts to try to get high, I could stop breathing and die.

14. I understand that Buprenorphine (Suboxone) is extremely dangerous for infants and children. They can stop breathing and die after taking in tiny amounts of this medication. I agree to keep my supply of this medication locked securely away from others, especially infants and children.

My signature below acknowledges that I have read and understand the above information and agree to the terms stated. I consent to the above terms and to begin the use of Buprenorphine (Suboxone) as part of treatment for OUD. At any time during treatment, failure to comply with all of the above terms, will result in the immediate termination of treatment(s) offered at Health and Therapy for Women. I indicate that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected. I am entitled to a copy of this agreement.

Name: _____ DOB: _____

Signature _____ Date _____

Provider Signature _____ Date _____