



8421 W Broadway Ave, Brooklyn Park, MN, 55445

Patient Agreement to Participate in Suboxone Treatment

As a participant in the Suboxone protocol for treatment of opioid abuse and dependence, I freely and voluntarily agree to accept this treatment agreement/contract, as follows:

- _____ I understand that Suboxone (buprenorphine/naloxone combination) is an opiate and has the same addictive properties as other opiates, such as heroin, methadone, codeine, morphine and OxyContin. Stopping Suboxone suddenly will result in the same withdrawal symptoms and put me at the same risk of relapse as with other opiates.
- _____ I agree to keep and be on time to all my scheduled appointments with the doctor. If I am delayed or need to reschedule my appointment, I will notify the clinic in a timely way. Missed appointments will be billed \$75 which must be paid before another appointment will be scheduled.
- _____ I agree to provide urine for the purpose of toxicology screens at any time during my treatment. The results of these tests will be used to assist me in my recovery goals.
- _____ I agree that my medication prescription can be given to me only at my office visits and only by the provider. If I miss scheduled office visits, I may not be able to get a Suboxone prescription until the next scheduled visit.
- _____ I agree to take my medication as the provider has instructed and not to alter the way I take my medication without first consulting the provider.
- _____ I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place, away from children, pets or any person who could potentially abuse it. I understand that lost medication will not be replaced.
- _____ I agree not to sell, share, or give any of my medication to another individual. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated.
- _____ **I agree not to obtain any medications from any physicians, pharmacies, or other sources without informing my treating provider. I understand that mixing Suboxone with other medications, especially benzodiazepines (Xanax, Ativan, Valium, Klonopin), alcohol or other drugs of abuse, can be dangerous. I also understand that a number of deaths have been reported among individuals mixing Suboxone with benzodiazepines and/or alcohol.**
- _____ I understand that medication alone is not sufficient treatment for my addiction, and I agree to participate in creating and carrying out a recovery treatment plan. This plan will be revised, with my input and as needed, to assist me in my recovery. The treatment plan will include patient education, referrals to relapse prevention programs and active involvement with those programs.
- _____ If I decide to stop Suboxone therapy at any time, I will work with the treatment provider to taper slowly.
- _____ **FOR WOMEN ONLY:** I understand that Suboxone has not been approved for use by pregnant women. I agree to use reliable methods to prevent pregnancy while being treated with Suboxone. If I decide to become pregnant, I know that I can safely use methadone.

_____	_____	_____	/ /2019
Printed Name	Initials	Signature	Date
_____	/ /2019		
Witness	Date		