

Buprenorphine Treatment Agreement

I agree to accept the following treatment contract for outpatient Medication Assisted Treatment with Buprenorphine.

1. The risks and benefits of buprenorphine treatment have been explained to me.
2. I will keep my medication in a safe, secure place away from children (for example, in a lockbox). My plan is to store it [describe where and how] _____
3. 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.
4. I will be on time to my appointments and respectful to the office staff and other clients.
5. I will keep my healthcare provider informed of all my medications (including herbs and vitamins) and medical problems.
6. I agree not to obtain or take prescription opioid medications prescribed by any other healthcare provider without consulting my buprenorphine prescriber.
7. 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.
8. If I miss an appointment or lose my medication, I understand that I may not get more medication until my next office visit.
9. If I come to the office intoxicated, I understand that my healthcare provider may not see me, and I may not receive more medication until the next office visit.
10. I understand that it's illegal to give away or sell my medication.
11. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination from the clinic.
12. I understand that random urine drug testing is a treatment requirement. If I do not provide a urine sample when asked, it will count as a positive drug test.
13. I understand that I may be called at random times to bring my medication into the office for a pill or film count.
14. I understand that initially I will have weekly office visits until I am stable. Medication refills and dosing will be discussed at clinic visits.
15. My visits may be spaced out to every 2-4 weeks, as time goes by, depending on progress.
16. I will go back to weekly visits and prescriptions if I have a positive drug test.
17. I may be seen more or less frequently based on goals made by my healthcare provider and me.
18. I understand that people have died by mixing buprenorphine with alcohol and other drugs like benzodiazepines (drugs like Valium, Klonopin, and Xanax).
19. I understand that treatment of opioid use disorder involves more than just taking medication. Counseling and Peer Support groups (Local AA or NA meetings) are available.
20. I understand that there is no fixed time for being on 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.
21. I understand that I may experience opioid withdrawal symptoms when I stop taking buprenorphine.
22. I have been educated about the other two FDA-approved medications used for opioid dependence treatment, methadone and naltrexone.
23. I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and been informed about methods for preventing pregnancy.