



Date: 01/03/2017

Patient Name: _____

Patient Acct #: _____

Provider ID: _____

Patient Agreement Contract for Treatment of Opiate Dependence with Suboxone or Subutex

As a participant in medication treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep, and be on time to, all my scheduled appointments. I agree to let appropriate staff know if I will be unable to attend my scheduled appointment.
 - a. I understand that I will be charged \$100 for the late cancellation of a follow-up appointment. TCCON requires at least 24 hours notice to cancel an appointment without a late cancellation charge, or cancellation on Friday by noon for a Monday appointment.
2. I agree that my medication/prescription can 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.
3. I understand that disruptive conduct while in the office or failure to pay copayments or deductibles at the time of each visit (or maintain a credit balance for self pay clients who do not have insurance) will result in termination of treatment without any recourse for appeal.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement, federal law, and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to obtain any psychiatric medications from any doctors, pharmacies, or other sources without informing my psychiatrist prescribing Suboxone.
 - a. I understand that mixing this medicine with other medications, especially benzodiazepines (for example: Valium, Klonopin, Ativan, or Xanax), can be dangerous and potentially life threatening.
 - b. I understand that specifically mixing Suboxone or Subutex with any other benzodiazepine could result in accidental overdose, over-sedation, coma, or death (I have been informed that documented deaths have occurred among persons mixing buprenorphine and benzodiazepines, especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
 - c. I agree to use no alcoholic beverages and to take no sedative drugs at any time while being treated with Suboxone or Subutex.
 - d. I understand that my TCCON doctor will almost certainly discontinue my buprenorphine treatment with Suboxone or Subutex if I violate this agreement.
6. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost. My signature below confirms the following:
 - a. I have a means to store take-home prescriptions supplies of Suboxone or Subutex safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Suboxone or Subutex pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
 - b. I agree that if my TCCON doctor recommends that my home supplies of Suboxone or Subutex should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
 - c. I will be careful with my take-home prescription supplies of Suboxone or Subutex, and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experience symptoms of opiate withdrawal. d. I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next TCCON visit.

_____: Client Initials indicating review and agreement with page 1

1. I agree to take my Suboxone or Subutex as prescribed, to not skip doses, and that I will not adjust the dose without talking with my TCCON doctor about this so that changes in orders can be properly communicated my TCCON to my pharmacy.
 - a. I agree to consult my doctor should I have any questions or experience any adverse events.
 - b. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.

2. I understand that medication alone is most often insufficient treatment for my condition and I agree to participate in counseling or self help group attendance as recommended by my prescriber, my therapist, and specified in my treatment plan. I understand that failure to comply with this request would result in termination of treatment.

3. Commitment to abstinence from all substances is the goal of Suboxone treatment. I understand that Suboxone only treats opiate dependence, and not dependence on other substances. As a result, I agree to the following:
 - a. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).
 - b. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery if I am feeling sleepy or clumsy as a side effect of the Suboxone or Subutex induction.
 - c. I agree that I will attempt to arrange transportation to and from TCCON facilities during my first days of taking Suboxone or Subutex so that I do not have to drive myself to and from the office, if so directed by my prescriber.

4. I agree to provide random urine samples as requested by my TCCON provider to confirm if I have been using any alcohol, prescription drugs, or street drugs. I also agree to inform TCCON staff of all other physicians and dentists whom I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using.
 - a. I understand that I may be subject to a urine screening at my intake session before the initial Suboxone or Subutex induction. I understand that insurance does not currently reimburse TCCON for urine screens, so I will be responsible for a \$12 charge for this screening.
 - b. I understand that I will be subject to urine screenings on a monthly basis, either scheduled and/or random. Urine screens will be required on site at TCCON which are not covered currently by insurance. I understand that there will be a \$12 charge per screening. If I am a cash client, I understand that laboratory services often cost \$100 or more at an outside lab. I further understand that if urine screening is conducted on site at TCCON, that this testing only establishes presence or absence of substances and that and that additional quantitative analyses at an outside lab may be required at additional costs. This is both a clinical and federal requirement.
 - c. I understand that I may receive a call and/or email from an administrative staff member to schedule an appointment within 24 hours for a random urine toxicology screening and appointment. This will be in addition to my regularly scheduled, monthly, follow up appointments. I understand that I will incur a copayment at time of service in addition to a \$12 charge for screening.
 - d. In the event that I am unable to make it into the office within 24 hours, I understand that limited accommodations can be made to go to a Quest lab, and that depending on my insurance, lab costs can exceed the cost of an in-office visit. In-office visits may also result in urine specimens being sent to Quest Labs for further testing, which could also carry an out-of-pocket cost, also depending on my insurance plan.
 - e. I will inform reception staff if there have been any changes to my contact information so they can update my account. Missed notifications and, subsequently, missed random appointments, due to changes in contact information and/or not receiving messages (full voicemail box, out of service/disconnected phone number, not checking voicemail/email, etc.) will be my responsibility and considered a failed urine toxscreen.
 - f. I understand that if I am unable to give a sample within 24 hours, whether in-office or a Quest Labs, that it will be considered failure to comply with requirements of my treatment, and will also be treated as a failed urine toxscreen.

5. I agree to report my history and my symptoms and substance use patterns honestly to TCCON providers. Appropriate medical care can only be provided based upon accurate reporting by patients, and failure to accurately report information may present substantial medical risk to me.

6. We reserve the right to call patients randomly to perform urinary drug screens, and also ask you to bring in your medications with you. If medication counts are not as they should be for that date or urine toxicology screening indicates either use of contraindicated substances or prescriptions, or if buprenorphine is not detected in levels consistent with prescribed dosing, patients will be considered in noncompliance with this contract. You will be given 24-48 hours notice prior to a urine screen. If a patient refuses a urine screen or refuses to bring in their medications, they will be automatically discharged from the Suboxone program.

7. If a patient being prescribed Suboxone is found to be noncompliant, they will be referred for more intensive opiate addiction treatment either inside or outside The Counseling Center. In the event of noncompliance, we may ask that you participate in any or all of these more intensive treatment options: AA or NA meetings, individual therapy with a substance abuse specialist, attendance in The Counseling Center's group for substance abuse, and/or more frequent follow ups with your care providers. Failure to follow more intensive treatment recommendations, or ongoing noncompliance, will result in termination from the Suboxone program.

8. I understand that violations of the above may be grounds for termination of treatment

Patient Signature _____

Date _____