

Buprenorphine/Naloxone Treatment Agreement

Patient Name: _____

Date: _____

- (1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.
- (2) I agree to conduct myself in a courteous manner in the physician's or clinic's office.
- (3) I agree to pay all office fees for this treatment at the time of my visits. I will be given a receipt that I can use to get reimbursement from my insurance company if this treatment is a covered service.
- (4) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, I will not be given any medication until my next scheduled appointment.
- (5) 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 and would result in my treatment being terminated without recourse for appeal.
- (6) I understand that the use of buprenorphine/naloxone by someone who is addicted to opioids could cause them to experience severe withdrawal.
- (7) I agree not to deal, steal, or conduct any other illegal or disruptive activities in the vicinity of the doctor's office or anywhere else.
- (8) I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.
- (9) I understand that the medication is a controlled substance and must be secured in a safe place to prevent the medication from being stolen. Lost medication will not be replaced regardless of the reasons for such loss.
- (10) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone with other medications, especially benzodiazepines (sedatives or tranquilizers), such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.

- (11) I agree to take my medication as the doctor has instructed, and not to alter the way I take my medication without first consulting the doctor.
- (12) I understand that medication alone is not sufficient treatment and it is recommended that I attend counseling to assist in maintaining sobriety.
- (13) I understand that my buprenorphine/naloxone treatment may be discontinued if I decide not to abide by this agreement.
- (14) I understand that there are alternatives to buprenorphine/naloxone treatment for opioid addiction including:
 - a. medical withdrawal and drug-free treatment
 - b. naltrexone treatment
 - c. methadone treatment

Patient's Signature

Date

Witness Signature

Date