

Agreement for Treatment with buprenorphine containing products including: Subutex® or Suboxone® or Zubsolv®

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. I agree to report my history and my symptoms honestly to Black Rock Integrative Medicine staff. I also agree to inform Black Rock Integrative Medicine 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; and whether I have become pregnant or have developed hepatitis.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. I agree to cooperate with urine drug testing whenever requested by Black Rock Integrative Medicine staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. I have been informed that buprenorphine, as found in Suboxone, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking Suboxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV. I have been informed that injecting Suboxone after taking Suboxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. I have been informed that Suboxone is a powerful drug and is to be respected, and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. I have a means to store take-home prescription supplies of Suboxone safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. I will be careful with my take-home prescription supplies of Suboxone, 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 experiencing symptoms of opiate withdrawal. Also, 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 visit.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. I will present within 24 hrs of being contacted by staff members of Black Rock Integrative Medicine for random med count if requested.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. I agree to take my Suboxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my Black Rock Integrative Medicine Nurse Practitioner about this so that changes in orders can be properly communicated to my pharmacy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Suboxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. I agree that I will arrange transportation to during my first days of taking Suboxone so that I do not have to drive myself.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. I have been informed that it can be dangerous to mix Suboxone with alcohol or another sedative drug such as Valium, Ativan, Xanax, Klonopin or any other benzodiazepine drug--so dangerous that it could result in accidental overdose, over-sedation, coma, or death. I agree to use no alcoholic beverages and to take no sedative drugs at any time while being treated with Suboxone. I have been informed that my Black Rock Integrative Medicine Nurse Practitioner will almost certainly discontinue my buprenorphine treatment with Suboxone if I violate this agreement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. I am not pregnant, and will not attempt to become pregnant. If a female, I will not have unprotected sex while I am taking Suboxone, because of the unknown safety of buprenorphine during pregnancy. I have been informed that my Black Rock Integrative Medicine nurse practitioner will almost certainly discontinue my buprenorphine treatment with Suboxone if I become pregnant. Methadone is the only medication approved for the use of opioid dependence treatment during pregnancy. Should I become pregnant during my treatment, I have been informed that I will be referred to a methadone clinic.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Suboxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. I agree that medication management of addiction with buprenorphine, as found in Suboxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. I agree to participate in a regular program of peer/self-help while being treated with Suboxone.

Patient Signature: _____

Date: _____

Staff Signature/Title: _____

Date: _____

