

## **BUPRENORPHINE AND BUPRENORPHINE/NALOXONE TREATMENT CONSENT FORM**

### **Read entire document before signing**

The commonly used **buprenorphine preparations** for the treatment of addiction and opioid dependence are sublingual **buprenorphine**, in either 2 mg or 8 mg tablets which is marketed as **Subutex**, and the sublingual **preparation Suboxone**, a combination of **buprenorphine** with naloxone (2 mg/0.5 mg, 4 mg/1 mg, 8 mg/2 mg, or 12 mg/3 mg). Other preparations with similar efficacy can also be used for the treatment of opioid use disorder.

- I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
- I agree to report my history and my symptoms honestly to the doctor as well as my counselor/ therapist. I also agree to inform the doctor of all other physicians 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.
- I agree to cooperate with urine drug testing whenever requested by staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
- I have been informed that buprenorphine, as found in Suboxone/Subutex, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking Suboxone/Subutex regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone/Subutex after a period of regular use, I could experience symptoms of opiate withdrawal.
- I have been informed that Suboxone/Subutex 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.
- I have been informed that Suboxone/Subutex 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/Subutex.
- I have a means to store take-home prescription of Suboxone/Subutex safely, where it cannot be taken accidentally by children or pets or stolen by unauthorized users. I agree that if my Suboxone/Subutex pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
- I agree that if the doctor recommends that my home prescription of Suboxone/Subutex be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
- I will be careful with my take-home prescription of Suboxone/Subutex and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctor will not be requested or expected to provide me with make-up prescription. 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.
- I agree to bring my bottle of Suboxone/Subutex in with me for every appointment with my doctor so that remaining supplies can be counted.
- I agree to take my Suboxone/Subutex as prescribed, to not skip doses, and that I will not adjust the dose without talking with the doctor/designee about this so that changes in orders can be properly communicated by the doctor/designee to my pharmacy.
- 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/Subutex, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side- effect of taking it.

- I have been informed that **it can be dangerous to mix** Suboxone/Subutex 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 the doctor/designee will almost certainly discontinue my buprenorphine treatment with Suboxone if I violate this agreement.
- If a female, I will not have unprotected sex while I am taking Suboxone/Subutex, because of the unknown safety of buprenorphine during pregnancy. I am not pregnant and will not attempt to become pregnant. I have been informed that the doctor/designee that I may need higher level of care or different treatment options that the doctor's office doesn't provide.
- 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/Subutex, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
- I agree that medication management of addiction with buprenorphine, as found in Suboxone/Subutex, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling as recommended by the doctor while being treated with Suboxone.
- I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
- I agree to participate in a regular program of peer/self-help while being treated with Suboxone/Subutex.
- I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment.
- I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, if required (which it almost always is) to allow telephone, email, or face-to-face contact, as appropriate, between the doctor/designee and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the doctor/designee has decided that open communication about my case, on my behalf, is necessary.
- I agree that I will be open and honest with my counselors and inform the doctor about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which *has* occurred --*before* a drug test result shows it.
- If I continue to engage in behavior that are contrary to the treatment plan or "Suboxone/Subutex Contract", I will be discharged from the clinic.

I have been given a copy of the doctor's Clinic procedures, including hours of operation, the clinic phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Suboxone/Subutex.

*My signature below indicates that I have read the Suboxone Treatment Consent Form. I fully understand this consent form and its terms, and consent to treatment on these terms. Furthermore, I will abide by its terms during our professional relationship and acknowledge that the violation of these terms may result in a discharge from treatment and referral to appropriate alternative providers.*

Signature of Patient/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Patient/Legal Representative (printed): \_\_\_\_\_

Relationship to Patient:  Self  Legal Representative (describe relationship): \_\_\_\_\_