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**BUPRENORPHINE TREATMENT AGREEMENT**

- I understand that buprenorphine/naloxone (Suboxone) is a medication to treat opiate addiction (heroin, oxycodone, hydrocodone, methadone). I am aware that taking Suboxone regularly can lead to physical dependence, and If I were to abruptly stop taking it after regular use, I could experience symptoms of opiate withdrawal.
- I understand Suboxone also contains Naloxone. Naloxone will counteract any opioid I am taking causing precipitated withdrawal. I understand I must take Suboxone as ordered and follow instructions outlined.
- I agree to keep all my scheduled appointments. I am aware that 48-hour notice is required to cancel or reschedule appointments to avoid a \$45 charge.
- I agree to report my history and my symptoms honestly to my physician, nurses and counselors involved in my care. I agree not to obtain any medications from any other physicians, pharmacies, or other sources without informing my treating physician. I understand that mixing Suboxone with other medications, especially benzodiazepines (Xanax, Ativan, Valium, Klonopin), alcohol or other drugs of abuse, can be dangerous and/or fatal.
- I understand that Suboxone is designed to treat opioid dependence, not addiction to other classes of drugs. I understand that continued use of other drugs can interfere with recovery from opioid dependence.
- I agree to provide a urine sample for the purpose of toxicology screens at any time during my treatment. The results of these tests will be used to assist in my recovery goals.
- I agree that my medication prescription/s will be sent into the pharmacy of my choice at the end of each visit if the treating provider deems, I follow this agreement.
- I agree to take my medication as the doctor has instructed and not alter it in any way.
- I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place, away from children, pets or any person who could potentially abuse it. I understand that lost/stolen medication will not be replaced.
- I agree not to sell, share, or give any of my medication to another individual. I understand that such mishandling of my medication is a serious violation of this agreement and will result in my treatment being terminated.
- I understand that medication alone is not sufficient treatment for my addiction, and I agree to participate in creating and carrying out a recovery treatment plan. This plan will be revised, with my input and as needed, to assist me in my recovery.
- If I decide to stop Suboxone therapy at any time, I will work with the Provider to safely taper down to reduce discomfort and relapse potential.
- FOR WOMEN ONLY: I understand that Suboxone has not been approved for use by pregnant women. I agree to use reliable methods to prevent pregnancy while being treated with Suboxone. If I decide to become pregnant, I will discuss this with my provider to figure out a plan to safely proceed.

X

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Signature of Patient

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Today's Date