



## **Buprenorphine Treatment Agreement**

### **General Information about Risks and Treatment Options:**

Buprenorphine is a potent medication and dangerous when a person does not have a tolerance for opioids. When a person takes buprenorphine without taking opiates or buprenorphine regularly, death may be a result. Risk, including death, may occur from combining buprenorphine with alcohol and other drugs like opiates and benzodiazepines (such as Valium, Klonopin, Ativan, Xanax). There is no fixed time for being on buprenorphine and that the goal of treatment is for to stop using all illicit drugs and become successful in all aspects of my life.

### **Risks & Benefits**

1. The risks and benefits of buprenorphine treatment, as well as other treatment options (methadone, naltrexone, non-medication treatment options) have been explained to me.
2. I have been educated about the risks of overdose and death if I relapse on opioids. I understand that toddlers and adolescents have died from accidental exposure to buprenorphine. I have also been educated about the risks of fentanyl use and the potential for fentanyl occurring in illicit drugs.
3. I understand that I may experience opioid withdrawal symptoms when I stop taking buprenorphine.
4. If female, I have been educated on the following:
  - a. There is an increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment. I agree to discuss pregnancy prevention methods with my OB/GYN or PCP.
  - b. Neonatal abstinence syndrome (NAS) can occur when taking illicit opioids and that NAS is less severe, but can still occur, when pregnant women take methadone or buprenorphine as prescribed/dispensed in substance use disorder treatment.

### **Appointments:**

1. I understand I must be on time for appointments, including arriving before the scheduled appointment to allow time to collect and process the drug screen and complete paperwork. I understand that if I miss an appointment, medications will not be refilled until an appointment is scheduled and a drug screen has been submitted for review.
2. I understand that initially I will have weekly office visits and that the length between office visits will be increased at the discretion of my provider in consultation with me. I understand that I will be allotted 7 days of medication or enough medication to last until the next scheduled office visit. I understand my medication must last as prescribed.
3. I understand I may be required to default back to weekly visits if I have unexpected drugs in my drug screen sample, and that persistent drug use or arriving to the office intoxicated will result in a referral to a higher level of care.
4. I understand that random drug screening is a treatment requirement. If I do not provide a requested sample/refuse a drug screen, it will count as a positive drug test. I understand I must provide a requested sample by the close of business the next day. I understand that I can be called in for a pill or film count at any time. I understand I must bring my buprenorphine to my provider's office by 3:00 PM, within 1 business day of the request.
5. I understand that violence, threatening language, threatening behavior, or participation in any illegal activity will result in discharge from treatment. I agree to be respectful to my provider, office staff, and other patients at all times.

6. I understand that treatment of opioid use disorder involves more than just taking medication. I understand that I will be expected to participate in Nystrom & Associates, Ltd. Intensive Outpatient Program (IOP) and follow recommendations of my Substance Use Disorder (SUD) counselor as well. I agree to comply with my healthcare provider's recommendations for additional counseling and/or for help with other problems.

**Expectations:**

1. I will take the medication exactly as my healthcare provider prescribes. If I want to change my medication dose, I will speak with my healthcare provider first. Taking more medication than my healthcare provider prescribes is medication misuse. Snorting or injecting is also considered misuse. If this occurs I will be referred to a higher level care or change in medication based on my healthcare provider's evaluation.
2. I will keep my medication in a safe, secure place away from children (in a lockbox). *Describe where and how you will store your medication:* \_\_\_\_\_
3. I understand that if medication is lost, stolen or misplaced it may not be replaced.
4. I understand that it's illegal to give away or sell my medication; this is diversion. If this is suspected or occurs, I understand that my prescription for buprenorphine will no longer be provided and alternate medications or a higher level of care will be recommended.
5. I agree that I will keep my healthcare provider informed of all my prescribed or over-the-counter medication use (including herbs, vitamins or other supplements) along with any medical problems.
6. I agree not to obtain prescription controlled substances and/or medical marijuana. Controlled substances include opiates, benzodiazepines, stimulants, gabapentin and Lyrica. I will ask my health care provider before starting any new medication (prescribed or purchased over-the-counter) as failing to do so could jeopardize my participation buprenorphine treatment. I am aware that many CBD products have trace amounts of THC and can affect drug screen results. I will discuss with my provider if I am considering taking CBD products.
7. I understand that if I am going to have a medical procedure that will cause pain, I will let my health care provider know in advance so that my pain is adequately treated and the risk of relapse is reduced.
8. Other Specific items unique to my treatment include: \_\_\_\_\_

I have read and agree to the above statements. I attest that I will comply with the requirements outlined in this document as well as the treatment recommendations of my healthcare provider.

\_\_\_\_\_  
PRINTED NAME OF PATIENT

\_\_\_\_\_  
PATIENT DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROVIDER SIGNATURE