

P.O. Box 350 702 N. Main Street Roxboro, NC 27573

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E-mail: pfmc@esinc.net
Website: www. personfamilymedical.com

Billing questions: P (336) 599-2900 F (336) 599-7892

Consent Form for Buprenorphine Treatment

Buprenorphine is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including methadone, naltrexone, and some treatments without medications that include counseling, groups and meetings.

If you are dependent on opiates - any opiates - you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opiate withdrawal. For that reason, you may take the first dose in the office and remain in the office for at least 2 hours. We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

Some patients find that it takes several days to get used to the transition from the opiate they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts tooverride the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium, Librium, Ativan, Xanax, Klonopin, etc.) has resulted in deaths.

A though buprenorphine has not been shown to be liver-damaging, your doctor will monitor your liver tests while you are taking buprenorphine (this is a blood test).

The form of buprenorphine you will be taking is a combination of buprenorphine with a short acting opiate blocker (Naloxone). It will maintain physical dependence, and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it sould eventually cause physical dependence.

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Treatment Agreement/Contract

Treatment agreements/contracts are often employed in the treatment of addiction to make explicit the expectations regarding patient cooperation and involvement in the treatment process.

As a participant in the buprenorphine protocol for treatment of opioid abuse and dependence, I freely and voluntarily agree to accept this treatment agreement/contract as follows:

- I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.
- · I agree to conduct myself in a courteous manner in the physician's office.
- I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the doctor will not see me, and I will not be given any medication until my next scheduled appointment.
- I agree not to sell, share, or give any of my medication to another individual. I understand that much mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.
- · I agree not to deal, steal, or conduct any other illegal or disruptive activities in the doctor's office.
- I agree that my medication (or prescriptions) can be given to me only at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.
- I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
- I agree not to obtain medications from any physicians, pharmacies, or other sources without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines such as Valium and other drugs of abuse can be dangerous. I also understand that a number of deaths have been reported among individuals mixing buprenorphine with benzodiazepines.
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Buprenorphine sublingual films must be held/left in place until they dissolve completely. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissues under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

If you swallow the film, you will not have the important benefits of the medication, and it may not have the important benefits of the medication and may not relieve your withdrawal. Most patients end up at a daily dose of 16 mg of buprenorphine (Suboxone; other formulation doses differ a little) (this is roughly equivalent to 60 mg of methadone maintenance). Beyond that dose, the effects of buprenorphine plateau, so there may not be any more anymore benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 4 mg (Suboxone).

If you are transferring to buprenorphine from methadone maintenance, your dose must be tapered until you have been below 30 mg methadone for at least a week. There must be at least 24 hours (preferably longer) between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. Your doctor will examine you for clear signs of withdrawal, and you will not be given buprenorphine until you are inwithdrawal.

I have read and understand these details about buprenorphine treatment. I wish to be treated with Buprenorphine.

X	X
Patient name	Witness Name
Date	Date

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- 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.
- I understand that medication alone is not sufficient treatment for my disease, and I agree to participate in
 the patient education and relapse prevention programs, as provided, to assist me in my treatment.

X	
Witness Date	Manufacture (f
	Witness Date

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Patient/Physician Contact:

To reach the physician or a designated representative, please call the office at (336) 599-9271 and describe the nature of your problem. For all emergencies dial 911.

Payment of Fees:

- · Payment is accepted in the form of cash or credit
- · Payment is expected on the day of treatment at check-in
- . The cost of the fee and medication the patient receives is collected at check-out

Prescription Policies:

- Office visits are required for renewal of prescriptions for at least the first 3 months of treatment.
- Thereafter, prescriptions may be renewed regularly as long as the patient attends follow-up appointments.
- Early renewal of prescriptions is not permitted.
- Lost prescriptions or medications will not be replaced.
- Requests for extra pills/films will not be honored.
- Patients are limited to using one pharmacy for their Suboxone prescriptions.
- Patients who use more than one pharmacy will be warned the first instance.
 Further use of more than one pharmacy will result in discontinued treatment.
- The patient is limited to one prescribing physician. The Prescription Drug
 Monitoring program will be checked for each patient at least monthly, and more
 often for patients who have been
 non-compliant.
- Patients who obtain Suboxone from another doctor/clinic will have their treatment at this clinic discontinued.

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Treatment Policies and Expectations of Patients

This section describes policies for office-based opioid treatment in this practice. Patients are expected to adhere to the following expectations. Non-compliance will result in the consequences described below:

Treatment Goal: The outcome of treatment for most patients in this practice will be long-term maintenance on Suboxone.

Potential Benefits and Risks of Office-Based Opioid Treatment (OBOT):

The potential benefits and disadvantages and risks that must be discussed with each patient include the following:

Potential Benefits:

- 1. Control of withdrawal symptoms when quitting opioid use
- 2. Supports patients with opioid use disorder in quitting other opioid use

Potential Disadvantages and Risks:

- 1. Patients become physically dependent on Suboxone
- 2. May experience some opioid-related side effects including constipation, and particularly when increasing dosage, mild sedation
- 3. Potential drug interactions with other substances, especially sedating drugs and alcohol.

Substance Use:

- Patients will be instructed to stop taking other opioid medications unless specifically instructed to take it.
- Patients are required to disclose the use of any psychoactive substance(s) to the physician. This means the use of consciousness altering drugs including narcotics, euphoriants, hallucinogens, marijuana, and designer drugs whether illicit or licit.

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- We may discontinue treatment if there is a second instance of non-disclosure of use of psychoactive substance.
- Patients are required to avoid use of substances that may cause an adverse interaction with prescribed medications. This includes psychoactive substances.
 - o If patients are discovered to have used substance(s) with adverse interactions:
 - We may discontinue treatment if there is a second instance with referral to a higher level of care.

Depression Screening

Patients will be asked a 2question depression screening at each appointment and positive responses will receive further assessment.

Urine Drug Screening Policies

- Baseline urine drug screens (UDS) are required for all patients in the opioid treatment program.
- · Periodic UDS are required for all patients.
- · UDS's may be scheduled orunannounced.
- Patients must bear the costs of UDS's. If they have insurance, they may seek reimbursement from insurance companies.
- The consequences of problematic

UDS results include: o

Increased frequency of UDS

for the first episode

- Possible dose adjustment for opioid use
- o Counseling referral if they are not already in substance use counseling
- o Discuss the problem with the patient

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Safe Storage and Non-Sharing of Medications

Patients must agree to safe storage and non-sharing of medications.

- Patients who share medications will have treatment discontinued immediately.
- Patients who lose medication due to unsafe dosage will be reminded of the
 policy for first instance, and have treatment discontinued if there is a
 second instance.

Mandatory Follow-up Visits

- Patients must return for follow-up visits as scheduled.
- After the dose is stabilized, follow-up visits will be monthly.

Criteria for Considering Treatment Successful

- 1. No intoxication from any substance use
- 2. Physical, psychosocial, and work-related functioning improved
- 3. No suffering from withdrawal
- 4. No experience of drug cravings
- 5. Following treatment protocol
- 6. Adherence to treatment agreement
- 7. Adherence to the treatment agreement

Relapse Policies

- Relapse to using opioids will not be grounds for stopping treatment the first time, but the treatment structure will be increased, including more frequent appointments.
- A second episode of using opioids will result in the addition of further additional treatment structure, such as involving a third, responsible party. A pattern of noncompliance with treatment will plus continued use will result in discontinued treatment.

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 Patients who have been dismissed from treatment and return with new motivation can be given one second chance with increased treatment structure.

Pill Counts

- Periodic pill counts are required of patients who are described as high risk at the initial or subsequent appointments.
- · Schedule of pill counts: Unannounced

Counseling and Other Treatments

- Counseling and other treatment participation is required for patients with psychiatric diagnoses.
- · Consequences of not participating in recommended counseling or other treatments:
 - o Warning 1st three instances
 - o Discontinue treatment 4th instance

Patient Conduct

- Behaviors that will result in permanent dismissal from treatment include violence, stealing from the clinic, dealing drugs, or carrying weapons.
- · Other behavior that will not be tolerated:
 - o Arriving intoxicated for appointments
 - o Disruptive behavior
 - o Dealing drugs
 - o Sustained payment problems
- Consequences for these behaviors include the following:
 - The patient will not be seen until the next regularly scheduled appointment for the first episode.
 - o Discontinue treatment at 2nd instance.

I understand and agree to comply with the following treatment policy and procedures:

X	_X	
Patient signature	Witness	
Date	Date	

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Patient Rights: Confidentiality and Consent

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As a patient getting treatment for a substance use disorder, your personal and medical information is protected under the United States confidentiality law. This law states that your doctor is <u>NOT</u> allowed to tell anyone the reason you are being treated, without your permission.

Doctors and treatment programs that provide addiction treatment are not even allowed to tell anyone whether or not you are a patient.

Patient Consent:

With your approval, your doctor may let others, such as your insurance company or your family, know about your treatment. No information will be released unless you sign a consent form which will include the name of your doctor or treatment provider, the person/group to whom your information is going, the purpose of the disclosure, how much information may be communicated, when the consent form expires, and the date. Even if you sign a consent form, you have the right to change your mind at any time. If you do change your mind, your doctor will not share any additional information with others.

Impact on Treatment:

The confidentiality law is strict, but it will not keep you from getting good treatment. Exceptions were written into the law to make sure that patients still get excellent care. For instance, information can be shared among treatment staff in order to provide you with better treatment. Also, the law takes into account unexpected things that might happen. For instance, if there is a medical emergency and if they need to know, the medical personnel treating you can be told that you are receiving maintenance treatment for a substance use disorder.

The Last Word:

Remember, the confidentiality law was set up to protect your rights. Ask your doctor if you have more questions about confidentiality or consent.

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