



Treatment Agreement/Contract

As a participant in buprenorphine treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

- I agree to keep and be ON TIME to, all my scheduled appointments- If you are more than 15 minutes late you may not be seen, a NO SHOW NO CALL will be a termination of this agreement. Rudeness to the staff will not be tolerated.
- I understand that medication alone is not sufficient treatment for my disease, and I agree to participate in developing an individualized treatment plan , requiring me to actively participate in appropriate behavioral counseling with the frequency being determined by the treatment team and participate in the patient education and relapse prevention programs as provided to assist me in my treatment.
- I agree to have labs drawn at the first visit. If labs are not drawn, no additional scripts will be given.
- I agree to adhere to the payment policy outlined by this office.
- I agree to conduct myself in a courteous manner in the physician's office.
- I agree not to arrive at the office drunk or have been drinking 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 such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without being accepted back.
- I agree not to deal, steal or conduct any other illegal or disruptive activities in the doctor's office or on the property.
- I agree that my prescription can be given to me only at my regular office weekly visit. Any missed office visit will result in a violation of contract and eligible for the "re-entry policy". There are NO prescriptions that will be called in.



- 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 reason.
- I agree not to obtain medications from any other physician, pharmacy 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 understand that a number of deaths have been reported among individuals mixing buprenorphine with benzodiazapines.
- I agree to take my medication as the doctor has instructed and not to alter the way I take my medication without first asking the doctor.
- I agree to abstain from opioids, cocaine and other addictive substances (except nicotine).
- I agree to provide weekly- witnessed urine samples for toxicology testing. There may be “random” samples requested between visits. I agree not to be deceptive when giving a urine sample (bring in fake urine).
- I understand that violations of **ANY** of the above CAN and WILL be reason for termination of treatment.
- If I have a “DIRTY” URINE that will be a reason for a discussion.
- If you need to be seen for a non-Suboxone (pap smear, anxiety meds etc) reason that is a separate day/ separate visit appointment. **Please** do not ask.
- In order to maintain your privacy, our staff members will NOT accept “friend requests” on Facebook or any other social networking site.

Patient name printed/signature

Date