

Ridgeline Consulting Services, LLC

PATIENT NAME: _____ DATE: _____

Suboxone is approved for the treatment of opiate dependence and is a combination of two medications, buprenorphine and naloxone. Buprenorphine is a partial opioid agonist and reduces withdrawal symptoms and naloxone gives Suboxone a low potential for intravenous abuse.

Side effects of Suboxone can include headache, rash, flu-like symptoms, sedation, low blood pressure, sweating, sleep difficulties, nausea, respiratory and physical dependence. If you have an after hours emergency, please go to BMH. ER or the ER of your choice. Please carry your Suboxone wallet card with you at all times, in case of emergency.

Because this drug has the potential for abuse and diversion, strict accountability is necessary. For this reason, you, the patient, agree to this treatment contract. Violation of this contract will result in termination of treatment.

1. I agree to keep, and be **on time to all scheduled appointments, both medical and counseling**. If I am late for counseling, group or individual. I will not be seen or will not be allowed to participate in group. This may result in discharge from the program.
2. You must have a reliable telephone number where you can be reached at anytime, failure to do so may result in your termination as patient.
3. You must have transportation. Transportation issues are not our concern and you must be on time for all appointments.
4. I agree to conduct myself in a courteous manner
5. I agree to abstain from any substance use alcohol, marijuana, opiates, cocaine and other addictive substances (except nicotine and caffeine). I understand that if I present intoxicated or I am suspected of being intoxicated my prescription may not be extended.
6. I agree to random monitoring of my medication at the discretion of the program physician.
7. I agree to complete drug screens at every visit or I may be called in for random drug screens during the course of treatment. Altering drug screens or urine samples, providing other persons urine or any other altering of drug screens will result in automatic discharge from the Suboxone program. **Your drug screen may be observed by a staff member**. I also consent to "send out" drug screens where my sample will be sent to a SAMSHA certified lab for confirmation testing. I agree to be responsible for any and all costs involved in this process.
8. One positive drug screen for any drugs other than prescribed may result in termination from the program.
9. I agree to take my Suboxone as instructed by the program physician, and I will not alter the dosage in any way without first consulting the program physician.
10. I agree that my prescription for Suboxone will only be given at my regularly scheduled appointments. Any missed appointment may result in not being able to get a follow-up prescription until my next scheduled appointment.

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11. You will be required to retain all wrappers that your Suboxone is dispensed to you in from the pharmacy, you will bring these to each visit for a possible count and tracking of lot numbers, failure TO DO SO WILL RESULT IN TERMINATION..
12. I understand that **Suboxone will not be called into my pharmacy for any reason.**
13. I agree to contact the office at least 24 hours in advance if for any reason I am going to miss an appointment.
14. I agree not to obtain medications from any other physician, pharmacy or other source without express permission of the program physician. I understand that mixing Suboxone with other medications, especially benzodiazepines, for example Valium, and any other drugs of abuse, is **DANGEROUS**. I understand that a number of deaths have been reported among individuals mixing buprenorphine (a major component of Suboxone) with benzodiazepines.
15. I will participate in counseling meetings and provide proof weekly of my attendance by a signature of the meeting chair/therapist. Minimum of two (2) meetings monthly.
16. I agree not to sell, share or give my Suboxone to another person. I understand that such mishandling of Suboxone is a serious violation of this treatment contract and is illegal. This will result in immediate termination from treatment and notification of the authorities for investigation.
17. If female, I cannot be pregnant at the time of induction and agree to inform staff immediately if pregnancy occurs during treatment.
18. **I am responsible for payment at the time of service. Service will not be provided without payment. You may pay with cash. NO CHECKS.**
19. **There will be no refunds if treatment is terminated.**
20. I understand and agree that failure to comply with any of the above statements can result in immediate discharge from treatment.
21. I understand that it is not recommended that I drive or operate heavy machinery while taking Suboxone. I may be found as "Driving under the Influence (DUI)" while taking Suboxone and further, I recognize that I am responsible and liable for my own actions.
22. I agree that I will not use benzodiazepines (for example, Valium, Klonopin, Xanax, Ativan) while participating in Suboxone treatment and understand that being found with benzodiazepines in my system will lead to my dismissal from the program.
23. I agree to consent for a review of prescription activity via the WV Board of Pharmacy website, as admission to treatment and a random intervals.

Patient Signature

Date

Staff Signature

Date

Copy to patient_____

Copy to chart_____