



Behavioral Health

Opioid Agreement for Buprenorphine Medication Assisted Treatment

I agree to accept the following treatment contract for buprenorphine office-based opioid addiction treatment:

1. I will keep my medication in a safe and secure place away from children (e.g., in a lockbox).

My plan is to store it (describe where and in what)? _____

2. I will take the medication exactly as my doctor prescribes. If I want to change my medication dose, I will speak with the doctor first. Taking more than my doctor prescribes OR taking it more than once daily is medication misuse and may result in supervised dosing at the clinic. Taking the medication by snorting or by injection is also medication misuse and may result in supervised dosing at the clinic, referral to a higher level of care, or change in medication based on the doctor's evaluation.

3. I will be on time to my appointments and be respectful to the office staff and other patients.

4. I will keep my doctor informed of all my medications (including herbs and vitamins) and medical problems.

5. I agree not to obtain or take prescription opioid medications prescribed by any other doctor.

6. If I am going to have a medical procedure that will cause pain, I will let my doctor know in advance so that my pain will be adequately treated.

7. If I miss an appointment or lose my medication, I understand that I will not get more medication until my next office visit. I may also have to start having supervised buprenorphine dosing.

8. If I come to the office intoxicated, I understand that the doctor may not see me, and I will not receive more medication until the next office visit. I may also have to start having supervised buprenorphine dosing.

9. I understand that it is illegal to give away or sell my medication – this is considered drug diversion. If I do this, my treatment will no longer include unsupervised buprenorphine dosing and may require referral to a higher level of care, supervised dosing at the clinic, and/or a change in medication based on the doctor's evaluation.

10. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination from the clinic.

11. I understand that random urine drug testing is a treatment requirement. If I do not provide a urine sample, it will count as a positive drug test.

12. I understand that I will be called at random times to bring my medication bottle into the office for a pill count. A pill count inconsistent with prescriptions could result in requirement for supervised dosing or referral to a higher level of care at this clinic or potentially at another treatment provider based on your individual needs.

13. The frequency of office visits will be determined by my doctor and may increase if irregularities in my sobriety or medication use occur.

14. I understand that people have died by mixing buprenorphine with other drugs like alcohol and benzodiazepines (drugs like Valium®, Klonopin® and Xanax®).

15. I understand that treatment of opioid addiction involves more than just taking my medication. I agree to adhere to my doctor's recommendations for additional counseling and/or for help with other problems.

16. I understand that there is no fixed time for being on buprenorphine and that the goal of treatment is to stop using all illicit drugs and become successful in all aspects of my life.

17. I understand that I may experience opioid withdrawal symptoms when I go off buprenorphine.

18. I have been educated about the other three FDA-approved medications for opioid dependence treatment, including sublocade, methadone and naltrexone.

19. If female, I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and referred for methods for preventing pregnancy.

20. If female, I have been educated about the effects of poor diet, illicit opioid use, use of used needles/sharing injection equipment, physical and mental trauma, and lack of pre-natal medical, substance use and mental health care during pregnancy and how these things can adversely affect my health and my current or future fetus/newborn's health. I understand that neonatal abstinence syndrome can occur when taking illicit opioids and that neonatal abstinence syndrome (NAS) is less severe, but can still occur when pregnant women take methadone or buprenorphine as prescribed/dispensed in substance use disorder treatment. Cigarette smoking can make the severity of NAS worse and cause pre-term birth and small babies. Alcohol use can cause significant cognitive/brain damage in fetuses and newborns.

21. Other specific items unique to my treatment include:

Patient name (print)

Patient signature

Date

Parent/Guardian print name (If Applicable)

Parent/Guardian signature (If Applicable)

Date

Opioid Agreement for Buprenorphine MAT County of San Bernardino DEPARTMENT OF BEHAVIORAL HEALTH Confidential Patient Information	CLIENT: DOB: MEDICAL RECORD NO: PROGRAM: SUDRS
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