Dartmouth-Hitchcock

Center for Addiction Recovery in Pregnancy + Parenting
(603) 653-1800
Dartmouth-Hitchcock.org/CARPP

Sample Treatment Agreement #2

BUPRENORPHINE INFORMED CONSENT AND TREATMENT AGREEMENT

Buprenorphine is an FDA approved medication for treatment of opioid use disorder (addiction) that is both a stimulator (agonist) and partial blocker of the opioid receptor. The opioid agonist effect reduces withdrawal symptoms and craving, while the blocking effect, at higher doses, prevents or lessens the effect (high) of using another opioid drug. There are other medical treatments for opiate addiction, including methadone and naltrexone. All medications should be used in together with psycho-social treatments, such as counseling, mutual help groups, and self-management apps, websites and books.

Buprenorphine can result in physical dependence similar to other opioids. Withdrawal symptoms are generally less intense than with heroin or methadone, and can be minimized by tapering gradually over several weeks to months. Buprenorphine can cause drowsiness- so you should arrange not to drive until you are accustomed to its effects. Combining buprenorphine with other substances, especially those which can cause sedation such as benzodiazepines (Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) or alcohol, can be dangerous. A number of deaths have been reported among persons mixing buprenorphine with sedating substances.

The partial blocking effect of buprenorphine can cause withdrawal if you take it when other opioids are still in your system. Attempts to override this blocking effect by taking more opioids could result in an opioid overdose. The form of buprenorphine that you will be taking is combined with naloxone (Narcan) to discourage snorting or injecting. Naloxone is a full opioid blocker that is not absorbed orally, but will take effect if snorted or injected – causing withdrawal.

Buprenorphine tablets/film **must** be held under the tongue until they completely dissolve. If you swallow the tablet, it will not have its full effect.

As a participant in buprenorphine treatment for opioid use disorder, I freely and voluntarily agree to accept this treatment agreement, as follows:

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

- The goal of treatment is complete abstinence from all drugs of abuse. I agree to notify the clinic immediately in case of relapse, and to be open and honest about relapses during appointments. Dishonesty (positive urine test after denying use) will not be tolerated.

- I agree to keep, and be on time to, all my scheduled appointments, to not arrive at the clinic intoxicated or under the influence of drugs, and to conduct myself in a courteous manner in the clinic. It is my responsibility to call the clinic if I will be late or need to reschedule my appointment.

- I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a crime and a serious violation of this agreement.

- I agree to submit urine samples, when asked, for monitoring my use of opiates and other illicit drugs. I agree not to tamper with urine screens.

- I agree that my prescriptions can be given to me only at my regularly scheduled appointments, except for clinic scheduling issues or unusual circumstances. Missed appointments may 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 and secure place. Lost or stolen medication will be replaced at the discretion of my clinician. If stolen, the medication will not be replaced without a police report. My medication should never be kept in public places, and should be out of the reach of children at all times. My medication should be kept in a container that displays the prescription label.

- I agree not to obtain medications from any physicians or other sources without informing my treating team.

- I agree to take my medication as instructed. Early refills due to overuse will not be granted.

- I agree to use a single **appointed pharmacy**** to fill all my buprenorphine prescriptions, and allow my primary care team to discuss the amount and timing of medication dispensed with the pharmacy.

- I agree to random call back visits that include urine drug screens and medication counts. I understand that I need to have a working telephone contact. When called for random call backs, I need to respond within 24 hours by telephone.

- The treatment team will periodically access the State Prescription Drug Monitoring Program (PDMP) to ensure I am not receiving controlled substances from other providers.

- I understand that my diagnosis of opioid use disorder and treatment plan will be documented in an electronic medical record. This information will be visible to healthcare professionals involved in my care, but should not be visible to anyone else without my consent.

- I agree to sign a consent for release of information if needed to allow my primary care team to exchange information with my outside counselor, treatment program, probation or parole officer.

Failure to comply with the above may result in intensification of monitoring and treatment or tapering of buprenorphine and discharge, depending on the severity or frequency of the issue.

****Appointed pharmacy**: _____

_____ _____ _____

Printed Name Signature Date

_____ _____ _____

Prescriber Signature Date