AT Psychiatry, PLLC
CHANGE YOUR MIND !

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BUPRENORPHINE (SUBOXONE) TREATMENT AGREEMENT

As a participant in buprenorphine (Suboxone) treatment for opioid use disorder, I agree to the following:

1. To keep all my scheduled appointments or change the appointment in advance, except in case of emergency. _____

2. I agree not to sell, share, or give any of my medication to another person. _____

3. I agree not to deal or buy illegal drugs or prescription medications without a prescription. _____

4. I agree that my medication/prescription will only be given to me at my office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit. _____

5. I agree that the medication I receive is my responsibility and I will keep it safe and secure. I agree that lost/ stolen medication may not be replaced regardless of why it was lost/ stolen. _____

6. I agree not to obtain buprenorphine (Suboxone), other opioids, or benzodiazepines (for example, lorazepam, diazepam, clonazepam, alprazolam/Xanax, etc.) from any other healthcare providers, pharmacies, or other sources without telling my treating physician. _____

7. I understand that mixing buprenorphine with other medications, especially benzodiazepines (as in #6) can be dangerous. I understand that deaths have occurred among persons mixing buprenorphine (Suboxone) and benzodiazepines. There is also a risk of overdose death from mixing buprenorphine (Suboxone) with alcohol or other types of sedatives, such as barbiturates. _____

8. I understand that buprenorphine (Suboxone) by itself is not enough treatment for my condition, and I agree to participate in counseling/support groups with my healthcare providers. I understand that if my attendance at these groups is not confirmed then I will not be able to continue to receive buprenorphine (Suboxone). _____

9. I agree to provide random urine samples or other samples (oral secretions, hair, nail, etc.) for drug testing and have my healthcare provider test my blood alcohol level whenever I am asked to do so. _____

10. I agree that my goal is to stop using addictive drugs and refrain from addiction behaviors, and that I will work to stop using all addictive and illegal drugs and refrain from addiction behaviors during my treatment with buprenorphine (Suboxone). _____

11. I agree that violating this agreement may result in my no longer receiving treatment with buprenorphine (Suboxone). _____

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12. I understand that I have a risk of dying if I return to using opioids especially after I stopped using them and then relapsed. I understand that if I relapse, I need to seek help to detoxify my body of drugs and restart my treatment. _____

13. I understand that if I relapse when I have been taking buprenorphine, at first I may not get high from the other opioids because buprenorphine blocks their effect. I understand that if I keep using larger and larger mounts to try to get high, I could stop breathing and die. _____

14. I understand that buprenorphine (Suboxone) is extremely dangerous for infants, children or pets. They can stop breathing and die after taking in tiny amounts of this medication. I agree to keep my supply of this medication locked securely away from others, especially infants and children. _____

Name:_____ DOB:_____

I consent to the above terms to start/continue treatment with Suboxone through AT Psychiatry, PLLC.

Patient Signature_____Date_____

Provider Name & Signature_____Date_____