

BEACON HEALTH GROUP, LLC

Agreement for Treatment with Buprenorphine/Naloxone Medications

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. I will not obtain controlled substances from any other source without informing this office. This includes prescriptions for painkillers from a dentist or an emergency room, etc. I am to inform this office as soon as possible.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. I am not allowed to “try,” “borrow” or otherwise use medications from a relative, friend, or other source.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. I will not take any old or “left over” medications whether prescribed by this office or a previous office.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. I am not allowed to sell, trade, or share my medication with anyone, including spouses and other family members.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. I am not allowed to use illegal substances.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. I agree to report my history and my symptoms honestly to BHG physicians, nurses, and counselors. I also agree to inform BHG staff of all other physicians and dentists whom I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. I agree to cooperate with witnessed urine drug testing whenever requested by BHG staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs. I will not consume anything with poppy seeds as they can interfere with drug screens. I understand urine drug screens may be sent to outside labs for analysis and they will bill the patient or insurance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. I have been informed that buprenorphine, as found in Suboxone, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking Suboxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV. I have been informed that injecting Suboxone after taking Suboxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. I have been informed that Suboxone is a powerful drug and is to be respected, and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. I have a means to store take-home prescription supplies of Suboxone safely, where it cannot be taken accidentally by children or pets or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. I agree that if my BHG provider recommends that my home supplies of Suboxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. I will be careful with my take-home prescription supplies of Suboxone and agree that I have been informed that if I report that my supplies have been lost or stolen, that my providers will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. When requested, I agree to come in with my prescription medications for a pill count within 24 hours.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. I agree to take my Suboxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my BHG provider about this so that changes in orders can be properly communicated by BHG to my pharmacy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Suboxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. I have been informed that it can be dangerous to mix Suboxone with alcohol or another sedative drug such as Valium, Ativan, Xanax, Klonopin or any other benzodiazepine drug--so dangerous that it could result in accidental overdose, over-sedation, coma, or death. I agree to use no alcoholic beverages and to take no sedative drugs , unless prescribed by my BHG physician, and taken only as prescribed. I have been informed that my BHG provider will almost certainly discontinue my buprenorphine treatment with Suboxone if I violate this agreement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. I am not pregnant, but if I become pregnant my provider may want to put me on buprenorphine without naloxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Suboxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. I agree that medication management of addiction with buprenorphine, as found in Suboxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling if needed.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, if required (which it almost always is) to allow telephone, email, or face-to-face contact, as appropriate, between BHG staff from my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the BHG staff has decided that open communication about my case, on my behalf, is necessary.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. I agree that I will be open and honest and inform BHG staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which <i>has</i> occurred -- <i>before</i> a drug test result shows it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	24. I agree that I will not use any rude, profane, or threatening language with any BHG staff member at any time. This includes ALL STAFF. I understand that I will be discharged, and no further medication will be prescribed to me if I engage in such behavior.

Patient Signature: _____

Date: _____

Staff Signature/Title: _____

Date: _____