

MANHATTAN PAIN MEDICINE, PLLC

BUPRENORPHINE/NALOXONE (SUBOXONE) AGREEMENT

My physician has decided to offer me treatment with Buprenorphine/Naloxone (Suboxone), a prescription medication used to treat opioid addiction in the office-based setting.

Suboxone is a medication that blocks other opioid drugs from attaching to opioid receptors in the brain, thereby decreasing the reinforcing effects of opioid drugs of abuse. It works by suppressing opioid withdrawal symptoms, decreasing opioid drug craving, and helping prevent relapse onto opioid drugs when used as a part of a comprehensive treatment plan to include relapse prevention counseling and sober support.

I voluntarily agree to accept and adhere to the following as outlined in my treatment agreement while on buprenorphine/naloxone treatment:

1. I agree to keep, and be on time, to all my scheduled appointments with the prescribing physician and clinic staff, and let appropriate staff know if I will be unable to show up as scheduled for follow up appointments.
2. I agree to conduct myself in a courteous manner in the physician's office.
3. I agree to cooperate with urine toxicology testing whenever requested by staff, to confirm if I have been using any alcohol, prescription drugs, illicit drugs and to monitor my adherence to buprenorphine/naloxone treatment.
4. I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff may not see me, I may not be given any medication until my next scheduled appointment or I may be referred to a more supervised level of care by my buprenorphine/naloxone provider.
5. I agree not to conduct any illegal or disruptive activities in or in the vicinity of the physician's office.
6. **I agree not to sell, share or give any of my buprenorphine/naloxone medication to another person.** I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated and referral to a more supervised level of care for addiction treatment.
7. I agree that my buprenorphine/naloxone medication can only be given to me at my regularly scheduled office visits by my current provider. Any missed office visits could result in my not being able to get buprenorphine/naloxone until the next scheduled visit or referral to a more supervised level of care if adherence to office visits is compromised.

8. I agree to take my buprenorphine/naloxone medication as the physician has instructed, and not to alter the way I take my medication.
9. I understand that buprenorphine/naloxone medication alone is **not** sufficient treatment for my addiction and I agree to participate in a recommended patient education and relapse prevention program in order to assist me in my recovery.
10. I agree that the buprenorphine/naloxone medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
11. I agree that if there has been a theft of my buprenorphine/naloxone medication, I will report this to the police and will bring a copy of the police report to my next clinic visit.
12. I agree that I will not drive a motor vehicle, operate heavy machinery or perform any other activities that require skilled coordination until I know how buprenorphine/naloxone affects my alertness.
13. I am aware that **common side effects** of buprenorphine/naloxone may include: *headache, worsening opioid withdrawal pain, insomnia, vomiting, nausea, sweating, stomach pain, constipation, urinary retention, mood changes, numb mouth, sore tongue, redness of the mouth, swelling of the limbs, disturbances of attention, palpitations, blurred vision, back pain, fainting, dizziness, and possible sedation.*
14. I understand that I need to contact my physician immediately or go to the emergency room if I feel *lethargic, dizzy, confused, or if my breathing gets difficult* while on buprenorphine/naloxone treatment. **These can be signs of serious side effects including possible opioid intoxication and/or overdose.**
15. I understand that I need to contact my prescribing physician immediately if I experience the following symptoms: *changing of skin color to yellow (jaundice), darkening of urine, lightening in color of stool, poor appetite for several days or longer, or have ongoing nausea and abdominal pain.* **These could be signs of liver toxicity, which could be a serious side effect of the medication.**
16. I understand that I might have unexpected opioid withdrawal symptoms, called “**precipitated withdrawal**” if I take buprenorphine/naloxone too soon after using drugs such as heroin, morphine, codeine, methadone or other such opioids. **To minimize the risk of precipitated withdrawal, I agree to initiate buprenorphine/naloxone treatment only when I present with moderate to severe opioid withdrawal and take buprenorphine/naloxone exactly as instructed by my physician.**
17. I agree not to obtain buprenorphine/naloxone medication from any other prescribing physicians or sources without informing my treating physician.

18. I agree **not** to take other opioid medication while on buprenorphine/naloxone treatment as this can lead to possible precipitated withdrawal and/or opioid intoxication.
19. I understand that using buprenorphine/naloxone with other sedative-hypnotic medications, especially benzodiazepines, such as Valium (Diazepam), Clonazepam (Klonopin), Xanax (Alprazolam), Librium (Chlordiazepoxide), Ativan (Lorazepam), and/or other drugs of abuse including alcohol, can be dangerous and cause serious respiratory and central nervous system depression and possibly death.
20. I understand that buprenorphine/naloxone can cause physiological dependence. This means if I were to abruptly stop taking buprenorphine/naloxone after a period of regular use, I could experience symptoms of opioid withdrawal, which are treatable but **not** *life threatening*.
21. I have been informed that buprenorphine/naloxone is to be placed under the tongue (**sublingual administration**) for it to dissolve and work effectively. I have been advised to not chew or swallow the medication. Buprenorphine/naloxone should never be injected. **I have been informed that intravenous injection of buprenorphine/naloxone could lead to sudden and severe opioid withdrawal and other serious medical complications.**
22. I understand if I relapse onto opioids while I have been on buprenorphine/naloxone treatment, I may not necessarily experience the desirable euphoric “*high*” effects of opioid drugs of abuse. **I understand however, that if I continue to increase the amount of opioid drug used to get “high” while on buprenorphine/naloxone treatment, I could potentially put myself at risk of opioid overdose.**
23. I understand that in case of medical emergency, I will tell my treating health care providers that I am being treated with buprenorphine/naloxone for opioid addiction.
24. I understand that there are alternatives to buprenorphine/naloxone treatment for opioid addiction including:
- Medically-assisted symptomatic treatment of opioid withdrawal
 - Naltrexone (oral or injectable) maintenance treatment for opioid addiction
 - Methadone maintenance treatment for opioid addiction
25. I may be offered one of the above alternative treatments for opioid addiction, either on an outpatient, or more supervised setting, should my treatment team or treating buprenorphine/naloxone provider not find me to be an appropriate candidate for continued outpatient treatment with buprenorphine/naloxone in the office-based setting.
26. I fully understand that my buprenorphine/naloxone treatment may be discontinued and/or I will be referred to a more supervised level of care for addiction treatment if I violate any aspect of this treatment agreement.

27. I was provided instruction on how to access more educational information on opioid addiction and available counseling/support services, as well as the medication guide online with respect to buprenorphine/naloxone treatment by my prescribing provider.
28. I provide full consent for my provider to speak with any other healthcare professionals, such as pharmacists, who may require further information in order to provide the treatment consented to in this document.

I have read this form or have had it read to me. I understand all of it. I have had a chance to ask questions and have all of my questions regarding this treatment answered to my satisfaction. By signing this form voluntarily, I give my consent to buprenorphine/naloxone treatment and affirm that I have full right and power to sign and be bound by this agreement, and that I have read, understand, and accept all of its terms.

Patient name (print): _____

Signature: _____ Date: _____

I, Jason Siefferman, MD, hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed procedure/treatment, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered. In the event that I was not present when the patient signed this form, I understand that the form is the only documentation that the informed consent process took place. I remain responsible for having obtained the consent from the patient.

Physician Signature: _____

Date: _____ Time: _____ AM / PM