PATIENT TREATMENT SAFETY AGREEMENT

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that buprenorphine is an FDA approved medication to treat opioid use disorder (i.e., addiction to heroin or prescription opioids). Buprenorphine is a partial opioid. Your medication may also contain naloxone which can cause withdrawal if this medication is injected or snorted.

As a patient on buprenorphine treatment for opioid use disorder, I agree to the following:

1. I agree not to sell, share, or give any of my buprenorphine to another person.

2. I agree that my buprenorphine prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my buprenorphine prescription until the next scheduled visit.

3. I agree that buprenorphine is my responsibility, and I agree to keep it in a safe, secure place. I understand that children could die if they ingest my medication. I agree that lost or stolen buprenorphine cannot be replaced without a police report.

4. I agree not to obtain controlled medications from any doctors, pharmacies, or other sources without telling my providers at SITE NAME who are prescribing my buprenorphine. I agree to use one pharmacy to fill my medication.

5. I understand that mixing buprenorphine with other medications or alcohol, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can result in overdose or death.

6. I agree to take my buprenorphine as directed by my doctor.

7. I agree to participate in counseling as discussed and agreed upon with my treatment team.

8. I will not use alcohol, other opioids, marijuana, cocaine, and other controlled drugs, including medical marijuana. If I use of any of these, I will tell my treatment team.

9. I will provide urine samples when requested.

10. I understand my buprenorphine treatment may be stopped if I cannot follow this agreement.

11. Female patients: I agree to discuss with my treating physician and obstetrician if I am planning to become pregnant or have become pregnant. There are effects of exposing a fetus to buprenorphine, including neonatal abstinence syndrome.

12. I agree to treat all staff with respect.

13. I understand that not all doctors can prescribe buprenorphine. I will call for issues or refills during business hours and understand that it may take 24-48 hours to receive a response.

14. If I cannot follow this agreement, I may be referred to another center for my care, but I understand that I can always return to THIS SITE in the future.

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Patient Signature Date