Informed Consent and Patient Agreement for Treatment with Buprenorphine (Suboxone)

I have talked with my prescriber about taking a medicine called Buprenorphine for my opioid use disorder. I understand that this consent form and patient agreement is important and shows that I am making an informed decision to use Buprenorphine, and that I have read, understand, and agree to the following:

1. Buprenorphine is a medicine that is approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder. It can be used for detoxification or for maintenance. The goal of treatment of opioid use disorder is to learn to live without misusing drugs.

2. Buprenorphine is an opioid medication, and thus it can produce a ‘high’. I understand that taking Buprenorphine regularly can result in physical dependence. If I stop taking Buprenorphine suddenly, I may experience symptoms of opioid withdrawal including muscle aches, stomach cramps, diarrhea, nervousness, insomnia, or other symptoms. These symptoms may last several days.

3. Buprenorphine treatment for opioid dependence works the best when it is used with other forms of treatment including drug abuse counseling, 12-step recovery work, and/or recovery support groups. I should keep using Buprenorphine treatment as long as I need to prevent relapse to opioid use disorder.

4. The form of Buprenorphine (Suboxone) I will be taking is a combination of Buprenorphine and a short-acting opiate blocker (Naloxone). I should hold it under my tongue until it dissolves completely. It is not absorbed from the stomach if I swallow it. I should not talk, drink, or swallow until it dissolves. If the tablet were dissolved and injected, severe withdrawal symptoms may occur due to the Naloxone in the medicine.

5. I agree to keep (and arrive on time for) all appointments and let staff know at least 48 hours in advance if I will be unable to show up as scheduled.

6. I agree to abstain from drugs and alcohol while I am taking Buprenorphine. I agree not to take other medications with Buprenorphine without prior permission from my prescriber. I understand that mixing Buprenorphine with alcohol or other medications, especially benzodiazepines (for example, Valium, Klonopin, or Xanax) can be very dangerous. Several deaths have occurred from people mixing Buprenorphine and benzodiazepines. The use of other opioids such as heroin or Oxycontin while on Suboxone may result in overdose and death.

7. I understand that Buprenorphine may sometimes affect the liver. My prescriber may recommend that I have a blood test to check for liver disease before starting Buprenorphine. I agree to other medical tests my prescriber believes that I need during my treatment.

8. For my safety, it is very important that I report my history and symptoms honestly to my prescriber, and that all of my other health care providers know that I am in treatment with Buprenorphine. If I do not allow my Buprenorphine-prescribing provider to talk with my other health care providers as needed, my Buprenorphine-prescribing provider might stop treating me with Buprenorphine.

9. Taking Buprenorphine may affect the management of my pain. This is important if I have an injury or need a surgical/medical procedure that requires pain medication. I need to tell my providers that I am taking Buprenorphine and ask them to talk with my Buprenorphine-prescribing provider about my care.

10. I agree to take Buprenorphine according to my prescriber’s directions and in the amounts prescribed, and I will not allow anyone else to take any medication prescribed for me. If I let someone else take my medication, I understand that I will be terminated from Buprenorphine treatment.

11. I have a means to store take-home prescription supplies of Buprenorphine safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Buprenorphine is ingested by anyone besides me I will call Poison Control immediately and will take the person to the doctor or hospital for treatment.

12. Lost prescriptions or Buprenorphine tablets are a serious issue and may result in termination of Buprenorphine therapy from this office. Lost medication or prescriptions will not be replaced.
13. Periodic testing for drugs or alcohol is used to detect relapse and to document progress in treatment. The frequency of testing depends on my progress. I agree to submit a urine drug screen at the request of my prescriber for purposes of accountability and safe recovery.

14. I agree that I will be honest with my providers and inform staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred before a drug test result shows it.

15. At each office visit, my prescriber will prescribe enough Buprenorphine for me to last until my next office visit. The length of time between each visit will depend on my progress. My medication can be given to me only at my regular office visits unless prior agreement is made with my prescriber. Any missed office visits may result in my not being able to get medication until the next scheduled visit.

16. I agree to not arrive for my appointment under the influence of drugs. If I do, my prescriber will not see me, and I will not be given any medication until my next scheduled appointment.

17. A network of support, and communication among persons in that network, is an important part of recovery. I understand that I will be asked for my consent to allow communication between my treatment team and outside parties, as determined appropriate and clinically indicated by my treatment team.

18. I understand that when I fill a prescription for Suboxone, the pharmacist will know that I am being treated for opioid dependence and will listed on the state’s prescription drug monitor site.

19. For women: I am not pregnant. I agree to tell my prescriber if I become pregnant or think I may be pregnant. The safety of Buprenorphine in pregnancy is unknown, and if I become pregnant, I will discuss treatment options with my Buprenorphine prescriber.

20. Alternatives to Buprenorphine: Some hospitals have special drugs treatment units that can provide detoxification and counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy that may recommend treatment that does not include Buprenorphine or other opioid medications. Another form of opioid maintenance therapy is Methadone Maintenance. Also, some opioid treatment programs use Naltrexone, a medication that blocks the effects of opioids but has no opioid effect itself. Each of these options has their own associated risks and benefits, which I have talked about with my prescriber.

21. I understand violation of any of the above agreements may be grounds for termination from Buprenorphine treatment. If I stop taking Buprenorphine as a result of non-compliance with this Agreement, I may experience symptoms of opioid withdrawal.

Consent: This form has been fully explained to me and I have read it or have had it read to me. I know my condition and the benefits, risks, and alternatives of taking Buprenorphine. I have had the opportunity to ask questions about my condition, taking Buprenorphine, and its alternatives, and I believe that I have enough information to give this informed consent. I want to start taking Buprenorphine according to all the directions above. I know that I have the right to take back my consent at any time by telling my prescriber.

________________________________________________________             _____________
Patient Signature        Date

Prescriber Declaration: I have explained the contents of this document to the patient, including the risks, benefits, and alternatives. I have answered the patient’s questions, and to the best of my knowledge, I believe that the patient has been adequately informed.

_________________________________________________________               _____________
Prescriber Signature        Date