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Suboxone Treatment Contract

Patient Name: _____ DOB: _____

As a participant of the buprenorphine treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

- I agree to keep and be on time to all of my scheduled appointments.
- I agree to adhere to the payment policy outlined by this office.
- I agree to conduct myself in a courteous manner in this office.
- I agree to not sell, share, or give any of my 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 without any recourse for appeal.
- I agree not to deal, steal, or conduct any illegal or disruptive activities in this doctor's office. I understand doing such activities will result in my termination of this drug treatment program.
- I agree that my controlled medication/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 medication/prescription until the next scheduled visit.
- I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost or stolen medication will not be replaced regardless of why it was lost.
- I agree not to obtain medication from any doctors, pharmacies, or other sources without telling my treating physician.
- I understand that mixing buprenorphine with other medications, especially benzodiazepines, can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using route of administration other than sublingual or in higher than recommended doses).
- I agree to take my medication as my doctor has instructed and not alter the way I take my medication without first consulting my doctor.
- I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (excepting nicotine).
- I agree to provide random urine samples, blood screen samples, and have my doctor test my blood alcohol level.

I understand that violations of the above may be grounds for termination of my treatment.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____



PATIENT CONSENT AND RELEASE FORM FOR BUPRENORPHINE TREATMENT DURING PREGNANCY

I, _____, am currently receiving prenatal care from _____

Because I am currently prescribed buprenorphine combined with naloxone for treatment of my opioid addiction and do not wish to take methadone, my doctor has referred me to the opioid-based outpatient treatment program for treatment with buprenorphine for treatment of my opioid addiction during my pregnancy. During my pregnancy, I agree to be switched from the combination tablet of buprenorphine with naloxone to the non-combination buprenorphine tablet as recommended by national addiction treatment guidelines. _____ will provide my pre-natal care. I have met with _____ at the opioid-based outpatient treatment program and s/he has discussed with me and I understand the risks and benefits of taking buprenorphine and those associated with taking methadone during my pregnancy. I have been informed that the federal Food and Drug Administration (FDA) has not approved the use of buprenorphine for the treatment of opioid addiction in pregnant women. Whereas, methadone has been FDA approved for the treatment of opioid addiction during pregnancy and there is over 40 years of experience showing methadone treatment to be safe and effective during pregnancy. Therefore, it is currently believed that methadone is safer than buprenorphine for the treatment of opioid addiction during pregnancy. Although small research studies have been completed in Europe and research is now being conducted in the United States on the effects of buprenorphine on pregnant women and their unborn children, currently there is too little information available to say that buprenorphine is safe during pregnancy. There have been studies of the effects of buprenorphine on laboratory animals. Buprenorphine has caused some bone problems in laboratory animal embryos and fetuses after injections of buprenorphine but not when the same amount of buprenorphine was given by mouth. A possible problem of taking any opioid (heroin, methadone or buprenorphine) during pregnancy is that after birth the child may suffer a withdrawal syndrome called Neonatal Abstinence Syndrome. Babies with Neonatal Abstinence Syndrome may suffer from sleep disturbances, feeding difficulties, tremor, sneezing, irritability, vomiting, weight loss, and seizures. A large proportion of these children will require hospitalization, often for long periods of time. I understand these risks and benefits and have decided to take buprenorphine rather than methadone. I understand that medical knowledge on the actual or potential risks of buprenorphine on pregnant women and unborn children is not at all certain. I accept responsibility for this decision. On behalf of myself and my unborn child, I hereby release and agree to hold harmless, the program, the prescribing doctor, and the hospital's officers, directors, agents and employees from any liability of any kind which may arise in connection with my taking buprenorphine during the duration of my pregnancy.

Patient Signature: _____ Date and Time: _____

MD Prescriber: _____ Date and Time: _____

CME Policy

To ensure that our healthcare professionals have the requisite knowledge and skills to competently treat patients with opiate addiction, we require that our physicians, physician assistants, and nurse practitioners complete at least 10 hours of continuing medical education annually. The 10 hours of CME may be divided in any manner. The courses or programs must be presented by an organization accredited to provide CME by the ACCME, and AMA, or the AAFP pertaining to opiate addiction.

Suboxone Program Overview

- Determine the appropriateness of buprenorphine/Naltrexone treatment

- Level of interest in treatment for opioid addiction with medication management
- Has no contraindications to treatment (i.e. concurrent use with benzodiazepines or other sedative drugs)
- Can be expected to be compliant with treatment
- Understands the risks and benefits of treatment
- Is willing to follow safety precautions associated with treatment
- Agrees to treatment after review of treatment options

- Comprehensive historical and physical examination to include baseline lab work, and urine toxicology screening paying particular attention to liver functions and the presence of illicit drugs.

- Induction Period:

- First stage of Suboxone Treatment
- Helping patients switch from opioid abuse to Suboxone
- Start patient on lowest possible dose at which patient discontinues opioids
- Monitor tolerability of medication, withdrawal period, and cravings
- Discuss psychosocial issues and recommend behavioral health referral

- Stabilization Period:

- This marks the period of no withdrawal symptoms, no cravings, and no undesirable side effects
- Titrate the dose as necessary but maintaining patient at lowest possible dose while achieving desirable effects
- Patient is to be evaluated weekly and counseling strongly recommended
- Some patient may have graduated to biweekly visits
- History, physical, and urine toxicology should be performed during each visit

- Maintenance Period:

- During this period, the healthcare professional must focus on psychosocial issues that have been previously identified during treatment, as these are contributing factors to the patient's addictions
- The healthcare professional should also continue to inquire about counseling
- These patients typically graduate to monthly visits while urine toxicology screening continues during each visit. Graduation is strongly dependent upon compliance with management medication and mental health treatment