

Informed Consent and Patient Agreement for Treatment with Buprenorphine

I have talked with my licensed medical provider about taking a medicine called buprenorphine for my opioid dependence. 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:

Understanding Buprenorphine

1. Buprenorphine is a medicine that is approved by the Food and Drug Administration (FDA) for the treatment of opioid dependence. It can be used for detoxification or for maintenance. The goal of treatment of opioid dependence is to learn to live without misusing drugs. Treatment should continue as long as necessary to prevent relapse to opiate abuse/dependence and then be weaned off.
2. Buprenorphine is an opioid medication. Buprenorphine can result in physical dependence. If I stop taking buprenorphine suddenly, I may have 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. While I am taking buprenorphine, I agree to go to counseling and to work on a program of recovery. I should keep using buprenorphine treatment as long as I need to prevent relapse to opioid abuse/dependence.
4. I will be taking a combination of buprenorphine and a short-acting opiate blocker, Naloxone. I should take the medication as directed by my provider. If the medication were dissolved and injected, severe withdrawal symptoms may occur due to the Naloxone in the medicine.

Taking Buprenorphine Safely

5. 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 licensed medical provider. I understand that mixing buprenorphine with alcohol or other medications, especially benzodiazepines (For example: Valium, Klonopin, or Xanax) can be very dangerous. Deaths have occurred from people mixing buprenorphine and benzodiazepines. The use of other opioids including (but not limited to) heroin or Oxycontin while on buprenorphine may result in overdose and death.
6. I understand that buprenorphine may sometimes affect the liver. My provider may recommend that I have a blood test to check for liver disease before starting buprenorphine. I agree to other medical tests my provider believes that I need during my treatment.
7. For my safety, it is very important 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 (consistent with HIPAA guidelines) as needed, my buprenorphine-prescribing provider might stop treating me with buprenorphine. Treatment disclosure may include, but is not limited to, discussing my medications with the pharmacist, release of records that contain information pertaining to psychiatric treatment and/or treatment for alcohol and/or drug dependence, or confidential information about communicable diseases including HIV (AIDS) or related illnesses.

8. 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 doctors that I am taking buprenorphine and ask them to talk with my buprenorphine-prescribing provider about my care.

Prescriptions, Security and Appropriate Administration

9. I agree to take buprenorphine according to my provider's directions and in the amounts prescribed by my provider, 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.
10. I will never alter a prescription in ANY way. I understand this is a felony, punishable by incarceration.
11. I authorize the buprenorphine provider and my pharmacy to cooperate fully with any city, federal law enforcement agency, including Illinois' Board of Pharmacy and the DEA in the investigation of any possible misuse, prescription forgery, sale, or any other diversion of my medication.
12. I will safeguard my written prescription and medication from loss, damage, or theft. We recommend a lock box, especially for those with children. Lost or stolen medication or prescriptions will not be replaced. Lost prescriptions or medication are a serious issue and may result in termination of buprenorphine therapy from this office.
13. I understand that when I fill a prescription for buprenorphine, the pharmacist will know that I am being treated for opioid dependence.

Appointment Expectations

14. I understand that the frequency of visits is usually weekly at first, then biweekly, then every 4 weeks, as trust is established. I understand that I must call 24 hours prior to my appointment if I need to cancel. I understand that if I miss an appointment without contacting my provider, I may be terminated from buprenorphine treatment.
15. I understand the commitment to the program and the many appointments therefore transportation cannot be an issue or a reason for short notice cancellations or no-show appointments.

16. 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 screening for purposes of accountability and safe recovery. My provider may ask that a clinician staff member observe me providing the appropriate specimen. If my drug screen indicates the presence of illegal/inappropriate substances, or has no buprenorphine or buprenorphine metabolites, I may be terminated from buprenorphine treatment.
17. I understand that I must provide a viable contact number at all times (and will update the office of any changes) or my provider may not prescribe medications.
18. Buprenorphine providers will not be available to prescribe medication during evenings, weekends, or after 12 noon on Fridays. It is my responsibility to call my provider at least 2 (two) business days in advance of running out of medication. I understand if I am not seen in the office as required by my provider, I will be unable to obtain my prescriptions and I will be terminated from buprenorphine treatment.
19. At each office visit, my provider 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 provider. Any missed office visits may result in my not being able to get medication until the next scheduled visit.
20. I agree to not arrive for my appointment under the influence of drugs. If I do, my provider will not see me, and I will not be given any medication until my next scheduled appointment.
21. I understand that any rude or disrespectful treatment of staff will not be tolerated and may result in termination from buprenorphine treatment (profanity, vulgar or inappropriate comments, etc.).
22. For women: I am not pregnant. I agree to tell my provider 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 provider.
23. 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 provider.
24. 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.

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 provider.

Patient Name (Please Print)

Patient/Legal Guardian Signature

Date

Informed Consent

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) for treatment of people with opioid dependence. Qualified licensed medical providers can treat up to 100 patients for opiate dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opioid, but it is not as strong an opioid as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

If you are dependent on opiates, you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine may cause significant opioid withdrawal. For that reason, you should take the first dose in the office and remain in the office for observation. Within a few days, you will have a prescription for buprenorphine that will be filled in a pharmacy.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. You should not take any other medication without discussing it with your Buprenorphine-prescribing provider first.

Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Valium, Librium, Ativan has resulted in deaths.

The medication you will be taking is a combination of buprenorphine with a short-acting opiate blocker, Naloxone. If the buprenorphine-naloxone were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.

I should take the medication as directed by my provider. Buprenorphine will not be absorbed from the stomach if it is swallowed.

Alternatives to buprenorphine

Some hospitals that have specialized drug abuse treatment units can provide detoxification and intensive counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy, which may emphasize treatment that does not include maintenance on buprenorphine or other opiate-like medications. Other forms of opioid maintenance therapy include methadone maintenance. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own.