

# Suboxone Patient and Medical Provider Agreement

**This form has 4 parts:**

**Part 1:** Talks about my goals for treatment

**Part 2:** Lists things that you and your medical provider agree to

**Part 3:** Lists things that could harm me and others. It also lists things that could prevent me from getting Suboxone treatment at this health center.

**Part 4:** Sign the form

You and \_\_\_\_\_ must sign the form.

## Part 1: Treatment Goals

I understand that my cravings may not completely go away. I understand that Suboxone may not work for me.

My goals are:

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part 2: Things that I agree to do. Not doing these things may stop me from getting better.**

I will:

- only get Suboxone from my medical provider.
- take my Suboxone the way my medical provider has told me. I will not change the way that I take my Suboxone without first talking with my medical provider.
- tell all of my other medical providers that I am taking Suboxone and cannot take any other opioid medicines (other opioid medicines are things like Vicoden, Percocet, Fentanyl).
- tell my medical provider about all of the medicines, even over-the-counter herbs and vitamins, that I take and any new medicines that I get from other medical providers during my treatment.
- tell my medical provider about all of my health problems.
- tell my medical provider if I am pregnant or plan to get pregnant while I am taking Suboxone.
- use birth control if I am a person who can get pregnant.
- tell my medical provider if I am breastfeeding.
- only get more Suboxone during my scheduled appointments. If I miss a visit, I may not be able to get my Suboxone prescription. If I lose my medicine I will not get a new prescription for it.
- be on time for my visits.
- make it clear to family and friends that the Suboxone that I get from my prescriptions is mine and not for anyone else.
- keep my Suboxone in a safe place and away from children.
- get my Suboxone from \_\_\_\_\_ pharmacy as often as possible and will let my medical provider know when I change pharmacies.

Pharmacy Address: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_.

- let my medical provider check my urine (pee) and/or blood as needed to make sure that I am taking Suboxone and to see what other drugs I might be taking.

- try all treatments that my medical provider suggests, including meeting with a counselor or social worker once a week and/or going to support group to help make treatment easier.

My medical provider will:

- work with me to find the best treatment for my addiction.
- get me more help if I need it.

I can call \_\_\_\_\_ at phone number \_\_\_\_\_.

I can also call \_\_\_\_\_, the \_\_\_\_\_, at phone number \_\_\_\_\_ with any questions.

### **Part 3:**

**There are some things that can harm me or prevent me from getting Suboxone treatment.**

Suboxone is a controlled narcotic medicine. I understand that if I stop Suboxone quickly, I may have withdrawal sickness.

If I drink alcohol, use benzos or street drugs while taking Suboxone:

- I could get really sick
- I may not be able to think clearly
- I could become sleepy
- I may hurt myself or overdose.

If I do any of these things:

- steal
- go to other medical providers to get more prescriptions of Suboxone
- sell, share or trade my Suboxone
- take my Suboxone in a way that I am not supposed to
- disrespect clinic staff or other patients by acting disruptively and/or by being abusive
- deal drugs in the clinic
- alter my urine (pee) samples (for example, by adding water, soap or anything else to my urine or using someone else's urine)

