

Medication Assisted Treatment with Buprenorphine

Contract with Utah Addiction Medicine

As a patient in the buprenorphine protocol for treatment of opioid abuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

I agree to keep and be on time to all my scheduled appointments with my doctor and nurse, and to conduct myself in a courteous manner in the clinic. It is my responsibility to call the clinic if I will be late/early or need to reschedule my appointment.

I agree not to sell, share or give any of my medication to another person. This is a serious violation of this agreement and may result in referral to a higher level of care or discharge.

I agree that the medication I receive is my responsibility and that I will keep it in a safe and secure place. I agree that lost medication may not be replaced REGARDLESS of the reasons for such a loss.

I understand that mixing buprenorphine with other substances, especially those which can cause sedation such as benzodiazepines or alcohol can be dangerous. I understand that a number of deaths have been reported among persons mixing buprenorphine with sedating substances.

I agree to take my medication as the doctor has instructed and not to alter the way I take my medication without first consulting my doctor or nurse. Buprenorphine must be held under the tongue until completely dissolved and will not be absorbed from the stomach if it is swallowed.

I understand that medication alone is not sufficient treatment for my disease and I agree to participate in other recovery supports as discussed with my provider, to assist me in my treatment.

Printed Name

Signature

Witness

Date