

Marsh MediClinic

Treatment Contract

Suboxone (buprenorphine/naloxone) and Subutex (buprenorphine) are used to treat addiction to narcotic drugs. This contract outlines the requirements and responsibilities that you must follow to successfully participate in this program. You must fully agree to this contract and initial each item followed by signing at the end. Your initials acknowledge that you have read as well as understand each item and agree to abide by such.

I - Information/Consent

I understand that in addition to benefits, that there may be risks and/or side effects associated with Suboxone/Subutex. These will be fully discussed with my doctor and I understand that for my safety, I must comply with treatment. My treatment options will be discussed as well as my expectations.

I desire to enter this program and agree to comply with requirements.

I have read and acknowledge. 

II - Attendance/Payment

For my health and safety, I will attend all scheduled appointments and understand that repeated “no shows” or a pattern of cancellations may result in discharge from this program as there will be a “no tolerance” policy for those patients who choose not to comply. This treatment program requires at least monthly follow-up appointments to monitor your health and to comply with guidelines set forth by the Drug Enforcement Agency (DEA).

Payment is due at the time of service and there are no exceptions. Payment is taken in the form of cash or credit cards only (no checks or insurance payments are accepted). Additionally, fees may be assessed for late cancellations and/or missed appointments as noted online in our payment policy section.

I have read and acknowledge. 

III - Counseling

I understand that medication alone is not sufficient for treatment for addiction and I am encouraged to seek counseling. Also, if relapse or compliance becomes an issue, then counseling will be a requirement to continue with this program.

I have read and acknowledge. 

IV - Release of Information

Information about my treatment and care is protected by federal law and may not be released (except as permitted by law) without my written consent.

I agree to review and sign the attached privacy act

I agree to fill out & sign an authorization to leave personal health information by alternative means form and at that time, I can opt to designate another individual to sign for an authorization to release health information in case of emergency.

I have read and acknowledge.

V - Abstinence

I understand that in order for my participation in this program to be successful, and in order to promote my health and safety, it is necessary for me to agree to abstain from drugs that have not been prescribed to me.

I have read and acknowledge.

VI - Relapse

I understand that my doctor realizes that relapse may be a part of my addiction treatment process, but honest communication between my doctor and myself is essential for successful treatment. I, therefore, agree to notify my doctor in the event that I relapse or take any non-prescribed drugs. However, I also understand that recurrent relapses may be grounds for dismissal.

I have read and acknowledge.

VII - Medication Safety/Storage

I understand that Suboxone/Subutex can be dangerous to those who are not undergoing a treatment plan and/or those who do not have a prescription. I agree that it is my sole responsibility to store my medication in a location where it is inaccessible to children or even other adults. I also agree to not share my medication with absolutely anyone.

I have read and acknowledge.

VIII - Take Only As Prescribed

I understand that the use of Suboxone/Subutex in an unprescribed manner may be dangerous and even fatal. I will take my medication exactly as directed and will not increase my dosage myself for any reason. If I feel my dosage is not working properly, I will schedule an appointment immediately to discuss my treatment options.

I have read and acknowledge. 

IX - Other Medications

I understand that mixing Suboxone/Subutex with other medications can be dangerous - especially with benzodiazepines (Valium, Klonopin, Xanax, Ativan, etc....). I also recognize that the risk of seizures and/or death may occur due to interactions with these medications.

I have read and acknowledge. 

X - Drug Testing/Pill Counts

I understand that in order to insure compliance and safety in this treatment program, I will be asked to perform drug testing and/or pill (medication) counts. Random drug screens and/or pill counts are required as clinically indicated. Drug screens are performed in our clinic for an additional charge, but patient has the option to immediately perform the appropriate drug screen at another facility or lab of their choice as long as results are promptly presented to Marsh MediClinic.

I have read and acknowledge. 

XI - Conduct

I agree not to share, sell, or give away any of my medication to another person. I understand that such activity is a violation and will result in immediate termination from this treatment program. I agree not to deal, steal, or conduct any illegal and/or disruptive activity at this doctor's office and that this type of conduct is also grounds for termination.

I have read and acknowledge. 

XII - Refills

I agree that medication prescriptions can only be given to me at my regular office visits. Missed appointments and lost prescriptions may result in my not being able to get my medication/prescription refills until the next scheduled visit. Medications CAN NOT & WILL NOT be called in after hours or on weekends. The failure to plan on your part does not constitute an emergency on our part.

(If your medication has been stolen, a copy of the police report must be presented in order for an early refill to be considered.)

I have read and acknowledge. _____

XIII - Pregnancy

I understand that if I become pregnant while taking Suboxone/Subutex, it may cause my baby to experience withdrawal symptoms shortly after birth. I agree to notify my doctor in this treatment program immediately upon finding out that I am pregnant in order to modify my treatment plan. I also agree to notify my obstetrician that I am currently taking Suboxone/Subutex and that I will aggressively attempt to wean off medications as directed by my doctor prior to delivery.

I have read and acknowledge. _____

XIV - CONCLUSION

I understand that in order for this treatment program to be successful, I must comply with all the provisions set forth above. If at any time I should choose not to comply, it may result in immediate termination from this program and I realize that admittance to the program at a later time is highly unlikely.

Patient Signature

Date

Physician Signature

Date