

Agreement for Buprenorphine Treatment

<input type="radio"/> YES	<input type="radio"/> NO	I understand that buprenorphine is a medication used to treat opioid addiction.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that the regular use of buprenorphine can lead to physical addiction or dependence.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that there is no fixed time for being on buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that abruptly stopping buprenorphine after regular use can result in opiate withdrawal symptoms.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that mixing buprenorphine with benzodiazepines (Xanax, Klonopin, Valium, Librium, etc.) should rarely be done, and if so under the close supervision of a physician. Overdose or death may be a result if buprenorphines and benzodiazepines are combined.
<input type="radio"/> YES	<input type="radio"/> NO	I have been instructed on the proper way to take buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that I will be required to come to the medical unit daily to take buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to keep all appointments with medical. In the event that there is a conflict (court date, attorney visit, etc.), I agree to inform medical.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to report my symptoms honestly to medical staff.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to cooperate with urine drug screens at any time when asked by medical staff. Failure to provide a urine specimen will be recorded as a positive drug screen.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that a urine drug screen indicating the use of other drugs of abuse or the lack of use of buprenorphine could result in the discontinuation of buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to take my buprenorphine as prescribed and to report any side effects promptly to medical staff.
<input type="radio"/> YES	<input type="radio"/> NO	Any misuse or diversion of buprenorphine could result in its discontinuation.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to not work at heights, operate motor vehicles, or use power tools or other dangerous machinery while taking buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I attest that I want to be in recovery from all drugs and I have been informed of available treatment options.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to participate in a regular program of professional counseling while being treated with buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to include my family and other loved ones in my recovery as much as possible.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to be respectful to medical staff, other patients, and correctional staff. I understand that violence, threatening language or behavior may result in treatment termination.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that any violation of this contract may result in the

Patient Name	ID#	DOB	Date / Time
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		discontinuation of the buprenorphine.
<input type="radio"/> YES	<input type="radio"/> NO	I have had the opportunity to ask questions and to have those questions answered to my satisfaction.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that should I resume drug use after release, I am at a higher risk of death especially if a lower dose is not used.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that I may voluntarily withdraw from treatment and discontinue use of this medication.

Patient signature

Date

Witness signature

Date

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