

Agreement for Naltrexone Treatment

<input type="radio"/> YES	<input type="radio"/> NO	I understand that naltrexone is a medication used to treat opioid addiction.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that there is no fixed time for being on naltrexone.
<input type="radio"/> YES	<input type="radio"/> NO	I have been instructed on the proper way to take naltrexone.
<input type="radio"/> YES	<input type="radio"/> NO	I understand that I will be required to take naltrexone daily for a duration determined by your practitioner. At some point prior to release, I will receive at least one injection of long-acting naltrexone.
<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 could result in the discontinuation of naltrexone.
<input type="radio"/> YES	<input type="radio"/> NO	I agree to take my naltrexone as prescribed and to report any side effects promptly to medical staff.
<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 naltrexone.
<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 discontinuation of the naltrexone.
<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 as I will be less tolerant and drugs are more potent. There is no way to determine a "safe" dose.
<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

Patient Name	ID#	DOB	Date / Time