



Medication Acknowledgement for Opiate Management

I, _____ requesting that my doctor provide buprenorphine treatment for opioid
_____ addiction. By signing this agreement, I agree freely and voluntarily to accept
this treatment as follows:

1. To keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.
2. To conduct myself in a courteous manner in the physician's or clinic's office.
3. To provide a urine sample upon request for a Urine Drug Screen, either at the office of Mid Cities Psychiatry or through an accredited laboratory within 48 hours of Mid Cities Psychiatry's request. If the Urine Drug Screen is (1) positive for substances not prescribed or (2) negative for medications prescribed by a medical professional engaged in my care and treatment, Mid Cities Psychiatry has the right to decline any further psychiatric prescription.
4. To pay all office fees at the time of my visits before the service/prescription is rendered.
5. Not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment. Urine drug screens will be random (in urina latet veritas).
6. Not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.
7. That the use of buprenorphine/naloxone (Suboxone) by someone who is addicted to opioids could cause them to experience severe withdrawal. Stopping buprenorphine in itself can cause opiate withdrawals.
8. Not to deal, steal, or conduct any other illegal or disruptive activities in or in the vicinity of the doctor's office.
9. That my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.
10. That the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
11. Not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines, such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines.
12. To take my medication as the doctor, and his/her assistant has instructed, and not to alter the way I take my medication without first consulting the doctor.
13. That medication alone is not sufficient treatment for my disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my treatment.
14. That my buprenorphine treatment may be discontinued and I may be discharged from the clinic if I violate any of this agreement.
15. That there are alternatives to buprenorphine treatment for opioid addiction including:
 - a. medical withdrawal and drug-free treatment
 - b. naltrexone treatment
 - c. methadone treatment

Signature of Patient or Responsible Party (if minor Patient)

Date

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