

Suboxone Phone Consultation Contract

Patient Name: _____ Date: _____

As a participant in buprenorphine treatment for opioid dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I will only be allowed to participate in the phone consultation program after being an already established patient at Care Practice for 1 year.
2. I agree that all phone appointments must be made **at least one week** in advance by phone or online.
3. I understand that Dr. Ngo is the **only** Physician who will conduct phone consultations for buprenorphine treatment at Care Practice. I am aware that no other Doctor at Care Practice will be available to make a phone appointment.
4. I agree that under any circumstance if Dr. Ngo is **not** in the office, I must physically come in to Care Practice and see another Doctor. Phone appointments for refills are **not** appropriate with any other Physician at Care Practice (so please plan ahead!!).
5. I agree to come into the office **in-person every 4th visit**. I understand that this is a requirement and no exceptions will be made to this.
6. I agree to be drug checked every 4th visit when I come in to the office. I am aware that the cost of these drug tests will be \$50 per test.
7. I understand that weekend and after hours appointments are subject to addition fees. This will be in the amount of \$95 for after-hour and \$95 for the weekend. This is the same policy as for regular office visits on the weekend or after-hours, thus there will be no exceptions to this.

8. I understand that phone appointments are only appropriate for me if I live **more** than 30mins away from San Francisco or have an extremely extenuating circumstance that makes traveling to San Francisco very difficult.
9. I agree to be subject to random California State PDMP report and CURES report checks. Information found on these will be used to check patient compliance to Care Practice policies.
10. I agree that violations of the above contract may be grounds for termination of treatment. I understand that these phone appointments are a privilege and this privilege can be removed or revoked at any time. If this contract is breached at any point then it may be revoked and can result in complete dismissal from the buprenorphine program.

Patient Signature _____ Date _____

Patient Name (Printed) _____