

PATIENT SUBOXONE TREATMENT CONTRACT

Patient Name: _____ Date: _____

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

1. I agree to keep and be on time to all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the Doctor's office.
4. I agree 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 any recourse for appeal.
5. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
6. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
7. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling Smart Medicine first.
8. I understand that mixing buprenorphine with other medications, especially benzodiazepines (for example, Valium®*, Klonopin®†, or Xanax®‡), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).

9. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
10. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling or group therapy as discussed and agreed upon with my doctor and specified in my treatment plan.
11. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (excepting nicotine).
12. I agree to provide random urine samples if asked and have my doctor test my blood alcohol level.
13. I understand that violations of the above may be grounds for termination of treatment.

Patient Signature _____ Date _____

Patient Name Printed _____

- * Smart Medicine SF Outpatient Suboxone Treatment Program Cost schedule.
- * \$495 Initialization and stabilization to Suboxone.
- * This may include more than one visit and multiple phone calls to transition the client onto Suboxone.
- * \$175 Required monthly follow up appointments with the Doctor during regular office hours.
- * \$50 for random urine drug screening
- * Extra fees for after hours, weekends, and Holidays will apply.
- * \$95 additional for weekend and evening appointments after 6pm.
- * \$195 Holidays.
- * a \$75 fee will apply for the cancellation of the appointment without 24 hour notice.
- * It is important for you not to miss any appointments. If you miss more than 3 appointments, your next visit fee would be \$250.