Buprenorphine Treatment Agreement/Contract

As a participant in buprenorphine treatment for opioid use disorders, I accept this treatment agreement/contract as follows:

- I agree to keep, and be on time to my scheduled appointments with the doctor/prescriber, and to keep all other clinic/office appointments.
- I agree to conduct myself in an appropriate manner in the office/clinic.
- I agree not to arrive under the influence of drugs and/or alcohol.
- I agree not to sell, share, or give any of my medication to another individual. I understand that such mishandling of my medication is a serious violation of this agreement and could result in my treatment being terminated.
- I agree not to deal, steal, or conduct any other illegal or disruptive actions in the office/clinic.
- I agree that my medication (or prescription) can be given to me only at my regular visits. A missed visit could result in my not being able to get medication until I am next seen.
- I agree that the medication I receive is my responsibility and that I will keep it in a safe and secure place. I agree that lost medication will not be replaced.
- I agree not to obtain medication from any physicians, pharmacies, or other sources without informing my treating physician/prescriber.
- I agree that I may be called in for a medication count and will show up within 24 hours with all of my buprenorphine, and any other requested medications.
- I understand that mixing buprenorphine with other medications, especially benzodiazepines, such as Valium, Xanax, and Klonopin can be dangerous and even deadly.
- I agree to take my medication as the doctor/prescriber has instructed and not to alter the way I take my medication without consulting with him/her.
- I agree to provide a urine toxicology screen when asked.
- I agree to inform my physician/prescriber immediately if I become pregnant.
- I understand that medication alone is not sufficient treatment for my disease. I agree to participate in the patient education, relapse prevention, and other clinical programs as provided to assist with my treatment and recovery.
- Other: _____

Printed Name: _____ Signature: _____ Date: _____