



Buprenorphine Treatment Agreement

This form is for educational/informational purposes only. It doesn't establish a legal or medical standard of care. Healthcare professionals should use their judgment in interpreting this form and applying it in the circumstances of their individual patients and practice arrangements. The information provided in this form is provided "as is" with no guarantee as to its accuracy or completeness.

TREATMENT AGREEMENT

I agree to accept the following treatment contract for buprenorphine office-based opioid addiction treatment:

1. The risks and benefits of buprenorphine treatment have been explained to me.
2. The risks and benefits of other treatment for opioid use disorder (including methadone, naltrexone, and nonmedication treatments) have been explained to me.
3. I will keep my medication in a safe, secure place away from children (for example, in a lockbox). My plan is to store it [describe where and how _____].
4. I will take the medication exactly as my healthcare provider prescribes. If I want to change my medication dose, I will speak with my healthcare provider first. Taking more medication than my healthcare provider prescribes or taking it more than once daily as my healthcare provider prescribes is medication misuse and may result in supervised dosing at the clinic. Taking the medication by snorting or by injection is also medication misuse and may result in supervised dosing at the clinic, referral to a higher level of care, or change in medication based on my healthcare provider's evaluation.
5. I will be on time to my appointments and respectful to the office staff and other patients.
6. I will keep my healthcare provider informed of all my medications (including herbs and vitamins) and medical problems.
7. I agree not to obtain or take prescription opioid medications prescribed by any other healthcare provider without consulting my buprenorphine prescriber.
8. If I am going to have a medical procedure that will cause pain, I will let my healthcare provider know in advance so that my pain will be adequately treated.
9. If I miss an appointment or lose my medication, I understand that I will not get more medication until my next office visit. I may also have to start having supervised buprenorphine dosing.
10. If I come to the office intoxicated, I understand that my healthcare provider will not see me, and I will not receive more medication until the next office visit. I may also have to start having supervised buprenorphine dosing.
11. I understand that it's illegal to give away or sell my medication; this is diversion. If I do this, my treatment will no longer include unsupervised buprenorphine dosing and may require referral to a higher level of care, supervised dosing at the clinic, and/or a change in medication based on my healthcare provider's evaluation.
12. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination from the clinic.
13. I understand that random urine drug testing is a treatment requirement. If I do not provide a urine sample, it will count as a positive drug test.
14. I understand that I will be called at random times to bring my medication container into the office for a pill or film count. Missing medication doses could result in supervised dosing or referral to a higher level of care at this clinic or potentially at another treatment provider based on my individual needs.
15. I understand that initially I will have weekly office visits until I am stable. I will get a prescription for 7 days of medication at each visit.
16. I can be seen every 2 weeks in the office starting the second month of treatment if I have two negative urine drug tests in a row. I will then get a prescription for 14 days of medication at each visit.
17. I will go back to weekly visits if I have a positive drug test. I can go back to visits every 2 weeks when I have two negative drug tests in a row again.
18. I may be seen less than every 2 weeks based on goals made by my healthcare provider and me.
19. I understand that people have died by mixing buprenorphine with alcohol and other drugs like benzodiazepines (drugs like Valium, Klonopin, and Xanax).

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20. I understand that treatment of opioid use disorder involves more than just taking medication. I agree to comply with my healthcare provider's recommendations for additional counseling and/or for help with other problems.
21. I understand that there is no fixed time for being on buprenorphine and that the goal of treatment is for me to stop using all illicit drugs and become successful in all aspects of my life.
22. I understand that I may experience opioid withdrawal symptoms when I stop taking buprenorphine.
23. I have been educated about the other two FDA-approved medications used for opioid dependence treatment, methadone and naltrexone.
24. I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and been informed about methods for preventing pregnancy.

Other specific items unique to my treatment include:

Patient's Name (print): _____

Patient's Signature: _____ Date: _____

This form is adapted from the American Society of Addiction Medicine's Sample Treatment Agreement, which is updated periodically; the most current version of the agreement is available online (www.asam.org/docs/default-source/advocacy/sample-treatment-agreement30fa159472bc604ca5b7ff000030b21a.pdf?sfvrsn=bd4675c2_0).

*Adapted with permission.*³⁵⁹