

## Patient Responsibilities and Treatment Contract

- 1) Buprenorphine/Naloxone and Subutex are controlled substances. You must use care in their use.
- 2) As your treating physician and therapist, we will be responsible for state of the art treatment and being available for questions and concerns as treatment moves forward. Appointments will be scheduled at intervals that reflect clinical needs as determined by your recovery status and stability.
- 3) It is your responsibility to store medication in a safe location and ensure that children, pets and others do not have access to the medication.
- 4) Instances where it is reported that medicine is lost, stolen, misplaced or otherwise missing will be handled on a case by case basis. It may be necessary, at our discretion, to require an immediate office visit and/or a police report may be filed. It may also *not* be possible to refill the medication early if clinical circumstances warrant this.
- 5) It is unacceptable to change the dose of medication without consulting us. Chemical dependency, the condition for which this medication is being prescribed, requires that the prescribing physician be involved in every treatment and dosing consideration.
- 6) Our practice requires 24 hours' notice in order to change or reschedule a visit without being responsible for the fee. At our discretion, this 24 hour notice may be waived if circumstances warrant (e.g. severe illness, weather emergency, etc.), and we will offer the next available appointment that is possible.
- 7) Payment is expected at the time of the office visit. If a check does not clear, we will not meet again until the financial obligation is fulfilled.
- 8) Diversion of medication is an extremely serious concern. Under no circumstances should any of this medication be shared, given or sold to anybody else—No exceptions!!!
- 9) Urine drug testing will be done at a lab on both a random and a scheduled basis.
- 10) Successful treatment and recovery require an honest and trustworthy relationship between patient and physician/counselor.
- 11) If there are violations of these policies that are not speedily corrected to our satisfaction, we will not be able to continue to treat you in our practice.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_