

SUBOXONE NEW PATIENT INTRODUCTION

Our clinic restricts our treatment panel to a limited number of pre-qualified patients. This program accepts only patients who are serious about overcoming opiate addiction.

TO GET STARTED

- Read the entire packet.
- Read, fill out and return completed forms at your initial visit

KEEP IN MIND

- You may be required to submit blood and urine samples for lab tests, and screening for infections. If you have had recent laboratory test, please bring copies.
- We will be pulling medication records on you periodically. Any unauthorized medication refills of opiate medication or suboxone is cause for termination of treatment.

FOR ALL APPOINTMENTS

- Arrive on time with a full bladder so that we can obtain a urine sample at the start of your visit.
- Bring all pill bottles INCLUDING Suboxone.

PATIENT NAME _____

RETURN THIS FORM

SUBOXONE MATERIALS CONFIRMATION

SUBOXONE FILM NEW PATIENT PACKET

INITIALS DOCUMENT

_____	Suboxone Materials Confirmation RETURN THIS FORM
_____	Patient Treatment Contract
_____	Patient Rights: Confidentiality and Consent
_____	Follow up Appointment Protocol
_____	Informed Consent
_____	Suboxone Maintenance Treatment
_____	Suboxone Treatment Financial Policies
_____	Patient Demographics RETURN THIS FORM
_____	Intake Questionnaire RETURN THIS FORM

My signature below and initials by the name of each individually listed document certifies that I fully understand and agree to the contents of each document.

Signature _____

Date _____

PATIENT TREATMENT CONTRACT

As a participant in medication 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 not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit will result in my not being able to get my medication/prescription until the next scheduled visit.
8. I agree to make another appointment in case of a lost prescription or stolen medication.
9. I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The Suboxone Film should be stored in a safe place, out of the reach of children. If anyone besides the patients ingests the medication, I agree to call the Poison Control Center or 911 immediately.
10. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
11. I understand that mixing this medicine with alcohol or 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).

- 12.** I agree to read the Medication Guide and consult my doctor should I have any questions or experience any adverse events.
- 13.** I agree to take my medication as my doctor has instructed and not to alter the way I take my medication or my dose without first consulting my doctor.
- 14.** I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.
- 15.** I agree to notify the doctor in case of a relapse to drug abuse. An appropriate treatment plan must be developed as soon as possible. The doctor should be informed of a relapse before urine testing reveals it.
- 16.** I agree to the guidelines of office operations. I understand the procedure for making appointments and paying for missed appointments and late cancellation fees. I have the phone number of this clinic and I understand the office hours. I understand that no medications will be prescribed by phone or on weekends. I understand that I am required to abide by these conditions to remain on the Suboxone treatment panel of this office.
- 17.** I agree to comply with the required film counts and urine tests. Urine testing is a mandatory part of office maintenance. I understand I must be prepared to give a urine sample for testing at each clinic visit and to show Suboxone film for a film count including reserve medication.
- 18.** I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).
- 19.** I agree to allow my doctor to test my blood alcohol level.
- 20.** I understand that violations of the above may be grounds for termination of treatment.
- 21.** I understand that the phone numbers I give will be used to contact me to remind me of appointments. I give my permission for text message appointment reminders to be sent to these phone numbers.

PATIENT RIGHTS: CONFIDENTIALITY AND CONSENT

As a patient getting treatment for a substance use disorder, your personal and medical information is protected under United States confidentiality law. This law states that your doctor is not allowed to tell anyone the reason you are being treated, without your permission. Doctors and treatment programs that provide addiction treatment are not even allowed to tell anyone whether or not you are a patient.

Patient Consent

With your approval --sometimes called consent -- your doctor may let others, such as your insurance company or your family, know about your treatment. No information will be released unless you sign a consent form, which will include the name of your doctor or treatment provider, the person/group to whom your information is going, the purpose of the disclosure, how much information may be communicated, when the consent form expires, and the date. Even if you sign a consent form, you have the right to change your mind at any time. If you do change your mind, your doctor will not share any additional information with others.

Impact on Treatment

The confidentiality law is strict, but it will not keep you from getting good treatment. Exceptions were written into the law to make sure that patients still get excellent care. For instance, information can be shared among treatment staff in order to provide you with better treatment. Also, the law takes into account unexpected things that might happen. For instance, if there is a medical emergency and if they need to know, the medical personnel treating you can be told that you are receiving maintenance treatment for a substance use disorder.

The Last Word

Remember, the confidentiality law was set up to protect your rights. Ask your doctor if you have more questions about confidentiality or consent.

YOUR FIRST APPOINTMENT, WHAT TO EXPECT, WHAT TO BRING

Your first appointment will be focused on:

- Discussing the information on your returned intake form, including your addiction and medical history
- Discussing the purpose of buprenorphine in treatment, its benefit, its side effects
- Reviewing the treatment agreement and practice policies, including mandatory urine testing and outside counseling
- Signing consent forms
- A physical exam
- Urine testing (come with a full bladder prepared to give a urine sample)

Additionally, if you are new to buprenorphine:

- Bloodwork for liver function, and screening for HIV and Hepatitis. If this has been done recently please bring this information/results
- Education on how to do home induction

If you are transferring from another suboxone program:

- Bring copies of your last bloodwork
- Bring your prescription bottle and remaining suboxone tablets

FOLLOW UP APPOINTMENT PROTOCOL

Follow up appointments will be at least monthly.

The visits are focused on evaluating the effectiveness of the medication They include:

- Pill counts
- Urine testing at every visit
- An interim history of any new medical problems
- Checking state prescription monitoring networks
- Prescription of medication
- Appointments do not include evaluation or care for other problems outside of Suboxone management.

Dangerous behavior, relapse and relapse prevention.

The following behavior “red flags” will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Refusing urine testing
- Neglecting to mention new medication or outside treatment
- Agitated behavior
- Frequent or urgent inappropriate phone calls
- Outbursts of anger
- Lost or stolen medication
- Non-payment of visit bills as agreed

Treatment may be discontinued if these behaviors occur

INFORMED CONSENT

Buprenorphine is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including methadone, naltrexone, and some treatments without medications that include counseling, groups and meetings.

If you are dependent on opiates – any opiates - you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opiate withdrawal. For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

Some patients find that it takes several days to get used to the transition from the opiate they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts to override the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths.

Although buprenorphine has not been shown to be liver-damaging, your provider will monitor your liver tests while you are taking buprenorphine (This is a blood test).

The form of buprenorphine you will be taking is a combination of buprenorphine with a short acting opiate blocker (Naloxone). It will maintain physical dependence, and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine sublingual films/tablets or buccal film must be held/left in place until they dissolve completely. You will be given your first dose at the clinic, and you will have to wait as it dissolves, and for two hours after it dissolves, to see how you react. It is important not to talk or swallow until the film/tablet dissolves. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

If you swallow the film/tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal.

SUBOXONE TREATMENT MAINTENANCE

Suboxone treatment may be discontinued for several reasons:

- Suboxone controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your opioid abuse or if you continue to using other opioids, even at the top doses of Suboxone, the doctor will discontinue treatment with Suboxone and you will be required to seek help elsewhere.
- There are certain rules and patient agreements that are part of Suboxone treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Suboxone treatment program.
- Prompt payment of clinic fees is part of this program. If your account does not remain current as agreed, appointments cannot be scheduled. If appointments cannot be kept as agreed, your status as an active patient will be cancelled – no exceptions.
- In the rare case of an allergic reaction to medication, Suboxone must be discontinued.
- Dangerous or inappropriate behavior that is disruptive to my office or to other patients will result in your discharge from the Suboxone treatment. This includes patients who come to the clinic intoxicated or on other narcotics, Valium, barbiturates or sedative medications.
- In the case of dangerous behavior there will be no two-week taper. You will be discharged and asked not to return to the clinic.

SUBOXONE TREATMENT FINANCIAL POLICIES

- Payment is accepted in the form of cash, credit, or debit cards. Checks are not accepted
- Payment is expected on the day of treatment
- A receipt will be provided for you to submit to your insurance company
- I do not bill any insurance company, ever. Patients are responsible for payment and for seeking reimbursement from their insurance company if they desire
- Urine drug screening will be required at every office visit. The cost for this is \$10. Abnormal or disputed results can be confirmed by an outside lab, which would carry additional charges.
- Bloodwork is required prior to starting suboxone therapy and periodically during treatment. This can be done in my office at wholesale pricing, or at another lab of your choice.
- Lack of payment will result in future appointments not being scheduled until your account is brought current. Patient who do not pay within 1 month will be dismissed from the practice.
- Being more than 10 minutes late to an appointment, or missing an appointment without at least 24 hour notice for cancelling, will result in a full charge for that appointment, and you will need to make another appointment.

WAYS TO MAKE THE MEDICATION CHEAPER

- I generally prescribe the generic version of buprenorphine/naloxone tablets
- There are drug manufacturer coupons that can be used
- Consider looking for discount cards/programs on the following websites:
 - www.goodrx.com
 - www.needymeds.org
 - www.pparx.org
 - Ask the pharmacy if they have a better discount program. These are often specific to that pharmacy.

PATIENT DEMOGRAPHICS

Name: _____ Date of birth: _____

Home address: _____

Mailing address: _____

Cell phone: _____ Other phone: _____

Emergency contact

Name: _____ Phone: _____

Relationship: _____

PATIENT NAME _____ RETURN THIS FORM - 4 pages

INTAKE QUESTIONNAIRE FOR PROSPECTIVE SUBOXONE PATIENT

PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL HELP US DESIGN YOUR PLAN OF TREATMENT

Why are you interested in Suboxone treatment?

Do you use or are you prescribed any other sedating medications (Xanax, Ativan, Klonopin)?

☐ NO ☐ YES _____

How much alcohol do you drink? _____

Is there any problem that makes it difficult for you to give routine urine specimens?

☐ NO ☐ YES _____

What caused you to start on opiates originally?

Are these reasons listed in #7 above still a problem now?

List all past and present drug and/or alcohol treatments, locations, and dates:

What kinds of help are you currently receiving, or do you need, from a counselor or psychiatrist?

Is anyone in your home actively addicted to drugs or alcohol? ☐ NO ☐ YES

Who? _____ What substance? _____

What are the major sources of stress in your life?

Dr. Jonathan Figg

What are your major strengths to deal with the stress in your life?

Are there any current legal issues we should be aware of (e.g., probation or parole)?

☐ NO ☐ YES (Please describe)

Please describe your current living arrangements:

Are you currently employed? ☐ NO ☐ YES How many hours per week? _____

Are you currently pregnant? ☐ NO ☐ YES ☐ Don't Know ☐ N/A

Mental Health History

Have you ever been diagnosed with any mental health condition: ☐ NO ☐ YES

If yes, please specify:

- ☐ Depression
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Anxiety
- ☐ Post Traumatic Stress Disorder (PTSD)
- ☐ Bipolar
- ☐ Attention Deficit Disorder
- ☐ Schizophrenia
- ☐ Panic Attacks
- ☐ Other: _____

Are you currently taking any medication for this/these problem(s)? ☐ NO ☐ YES

If yes, what medications are you taking? _____

Past Medical History

Have you ever been diagnosed with any other medical conditions? Mark all that apply.

- ☐ Diabetes (specify type): _____
- ☐ Heart disease (specify type): _____
- ☐ Cancer (specify type): _____
- ☐ Asthma
- ☐ Hepatitis C - If yes, have you been treated? ☐ NO ☐ YES
- ☐ Tuberculosis (TB)
- ☐ Endocarditis
- ☐ Abscesses
- ☐ Skin infection
- ☐ HIV - If yes, are you currently in care? ☐ NO ☐ YES
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ Seizure disorder - Are you on medications? ☐ NO ☐ YES
- ☐ High Blood Pressure
- ☐ Head Trauma/Injuries
- ☐ Sleep Apnea
- ☐ Other (specify type): _____

Please list all other medications you are taking:

Dr. Jonathan Figg

Have you ever been tested for HIV? ☐ NO ☐ YES

Have you ever been tested for Hepatitis C? ☐ NO ☐ YES

Do you have any allergies to medications? ☐ NO ☐ YES

If yes, please list medications and reaction:

Do you have problems with pain? ☐ NO ☐ YES

Has your pain lasted 3 months or longer? ☐ NO ☐ YES

If yes, can you tell us about your pain (what is it from, how often do you experience it, how are you dealing with it)?

Do you have any upcoming surgeries? ☐ NO ☐ YES

The safety of your Suboxone medication or prescription is your responsibility. Requests for replacement Suboxone will not be honored without an appointment. Do you understand that following the loss or theft of your prescription, it is at the discretion of our physician to determine whether you will be allowed to continue in this program? ☐ NO ☐ YES

I have completed this form truthfully and to the best of my ability.

Signature _____ Date _____