

Howard S. Rudominer, M.D., P.A.

Agreement for Treatment with Buprenorphine (Suboxone[®] or Subutex[®])

As a condition of my treatment by Dr. Howard S. Rudominer, I agree to abide by the following rules and regulations. I understand that failure to comply may result in my termination from the program.

1. I agree to keep all of my scheduled appointments. I will let staff know if I will be unable to show up as scheduled.
2. I agree to report my history and my symptoms honestly to the physicians and staff. I also agree to inform staff of all other physicians and dentists I am seeing; of all prescription and non-prescription drugs that I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
3. I agree to cooperate with random drug testing whenever requested by the staff, to confirm if I have been using alcohol, prescription drugs, or street drugs.
4. I have been informed that Buprenorphine, as found in Suboxone and Subutex, is a narcotic analgesic, and thus can lead to physical dependence and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opiate withdrawal.
5. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV. I have been informed that injecting Suboxone after taking Suboxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
6. I have been informed that Suboxone is a powerful drug and is to be respected, that supplies of it must be protected from theft or unauthorized use, and that persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
7. I have a means to store take-home prescription supplies of Suboxone safely where it cannot be taken accidentally by children or pets or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will immediately call 911 or Poison Control.
8. I agree that if my doctor recommends that my home supplies of Suboxone should be kept in the care of a responsible family member or another third party, I will abide by such recommendations.

9. I will be careful with my take-home prescription supplies of Suboxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctor will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report it to the police and will bring a copy of the police report to my next office visit.
10. I agree to bring my bottle of Suboxone in with me to appointments as instructed by the doctor.
11. I agree to take my Suboxone as prescribed, not to skip doses, and that I will not adjust the dose without first speaking with the doctor about this.
12. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days taking Suboxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
13. I agree to arrange for transportation to and from the doctor's office during my first days of taking Suboxone so that I do not have to drive myself.
14. I have been informed that it can be **dangerous or even fatal to mix Suboxone with alcohol or other sedative drugs** such as Valium, Ativan, Xanax, Klonopin. Or any other benzodiazepine drug – so dangerous that it could result in **accidental overdose, over sedation, coma, or death. I agree to use NO alcoholic beverages and to take NO sedative drugs at any time while being treated with Suboxone.** I have been informed that the doctor will almost certainly discontinue my Buprenorphine treatment if I violate this agreement.
15. I am not pregnant and will not attempt to become pregnant during treatment with Suboxone. If I become pregnant the doctor will almost certainly discontinue my Buprenorphine treatment.
16. I want to be in recovery from addiction to all drugs. I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that Buprenorphine is a treatment designed to treat opiate addiction, not addiction to other classes of drugs.
17. I agree that medication management of addiction with Buprenorphine is only one part of the treatment of my addiction. I agree to participate in professional counseling as instructed by the doctor during the duration of my treatment.
18. I agree that professional counseling for addiction has the best results when patients are also open to support from peers who are also pursuing recovery.
19. I agree to participate in a regular program of peer/self-help such as a 12-Step program while being treated with Suboxone.
20. I agree that the support of loved ones is an important part of recovery and I agree to invite the significant persons in my life to participate in my treatment.
21. I agree that a network of support and communication among persons in that network is an important part of my recovery. I will be asked for my authorization, if required (which it almost always is) to allow telephone, e-mail, or face to face contact as appropriate between my treatment team at Dr. Howard Rudominer's practice and outside parties, including therapists, physicians,

probation and parole officers, and other parties, when the staff has decided that open communication about my case, on my behalf, is necessary.

22. I agree to be open and honest with the staff and inform them about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse that has occurred – **before** a drug test shows it.

Patient's Printed Name: _____

Patient Signature _____

Date: _____

Physician Signature: _____

Date: _____