

SAMPLE BUPRENORPHINE TREATMENT AGREEMENT

This document is intended to be a sample for customization ahead of use.

I understand that buprenorphine is an FDA approved medication to treat opioid use disorder (i.e., addiction to heroin or prescription opioids). Buprenorphine is a partial opioid and can cause a precipitated withdrawal if taken when someone is still using opioids.

As a patient on buprenorphine treatment for opioid use disorder, I agree to the following:

- I agree not to sell, share, or give any of my buprenorphine to another person.
- I agree to come to my regular office visits and call the office if I am not going to be able to come. A missed visit may result in my not being able to get my buprenorphine prescription until the next scheduled visit.
- I agree that buprenorphine is my responsibility, and I agree to keep it in a safe, secure place. I understand that children could become very ill if they ingest my medication. I agree that lost or stolen buprenorphine cannot be replaced without a police report.
- I agree not to obtain controlled medications from any doctors, pharmacies, or other sources without telling my providers who are prescribing my buprenorphine. I agree to use one pharmacy to fill my medication.
- I understand that mixing buprenorphine with other medications or alcohol, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can result in overdose or death.
- I will tell my treatment team if I am using alcohol, other opioids, marijuana, cocaine, or other drugs, including medical marijuana.
- I will provide urine samples when requested. I understand that these samples are to monitor my progress and keep me safe.
- I understand that I may be referred to another provider or a specialized addiction treatment facility if my Opioid Use Disorder becomes unmanageable for an outpatient setting.
- For patients who could become pregnant, I agree to discuss with my treating physician and obstetrician if I am planning to become pregnant or have become pregnant. There are effects of exposing a fetus to buprenorphine, including neonatal abstinence syndrome.
- I will call for issues or refills during business hours and understand that it may take 24-48 hours to receive a response.
- I understand that I can always return to [site name] at any point in time even if I experience challenges in following this agreement or return to use.

Printed Name _____

Date _____

Signature _____