SUBOXONE PATIENT RESPONSIBILITIES

Read and Initial each statement below. Bring this with you to your first appointment.

_____ I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The medication should be stored in a safe place, out of the reach of children. If anyone besides the patients ingests the medication, the patient must call the Poison Control Center or 911 immediately.

_____ I agree to take the medication only as prescribed. The indicated dose should be taken daily, and the patient must not adjust the dose on his/her own.

_____ I agree to comply with the required pill counts and urine tests. Urine testing is a mandatory part of office maintenance. The patient must be prepared to give a urine sample for testing at each clinic visit and to show the medication bottle for a pill count, including reserve medication. If you cannot give a urine sample you will forfeit your appointment.

_____ I agree to make and prepay (if uninsured) for another appointment in case of a lost or stolen medication.

_____ I agree to notify the clinic in case of a relapse to drug abuse. Relapse to opiate drug abuse can result in being removed from the Suboxone program. The physician should be informed of narcotic use before it is revealed by random urine testing.

_____ 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 restraints in order to remain on the Suboxone treatment panel of this office.

_____ I understand that this treatment program does not provide medical or surgical care outside the scope of routine Suboxone maintenance.

____   ________________________________

Patient Name / Signature   Date