

Regional Health Partners

3915 Old Lee Hwy • Suite 21C • Fairfax VA 22030

Tel (703) 691-4000 • Fax (703) 691-4010

Suboxone Therapy for Addiction Treatment or Chronic Pain Management

PATIENT AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to treat you.

Because these drugs have potential for abuse or diversion, we have established the following policies. Your signature below will indicate that you have been made aware of those policies, are agreeing to them and will comply with them.

BUPRENORPHINE MONOTHERAPY/ SUBOXONE COMBINED THERAPY

Sublingual Suboxone film and tablet (buprenorphine/naloxone combination) are FDA approved for the treatment of opioid addiction. Prescribing Suboxone for the treatment of pain is both legal and effective, but is an “off label” use of the medication.

Buprenorphine is available in injectable form (Buprenex) as well as the transdermal patch (Butrans). Both formulas are FDA approved for the treatment of pain.

Buprenorphine is also available in tablets and is the treatment of choice for opioid dependence in pregnancy.

The typical maintenance dose of Suboxone is 16mg daily to successfully treat addiction.

Chronic pain patients may require a stronger dosage of up to 32mg in order to control their symptoms.

Additional narcotics are of no benefit when taking Suboxone.

Buprenorphine is a very strong opioid receptor agonist and blocks any opiate from attaching to the receptor.

If Suboxone is taken too soon after the last narcotic it will dislodge it from the receptor and precipitate a very significant withdrawal syndrome. If the patient tries to take large doses of other narcotics to overcome this blockade this will lead to a risk of overdose that could result in death.

Combining buprenorphine with other sedatives such as alcohol or benzodiazepines (Xanax, Valium, Ativan, etc) is dangerous, and has been associated with deaths from respiratory depression.

Patient Initials: _____

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1. **One Doctor Prescribing**

All Suboxone prescriptions must come from one medical practice.

It is a highly controlled substance that can be easily diverted and if we have evidence of such illicit activities around your treatment we will have to end our patient-doctor relationship.

The Virginia Prescription Monitoring Center has the duty to notify our practice of any “doctor shopping” on the part of our patients or of any use of other controlled substance prescribed to our patients by other doctors.

We will also utilize the privilege of communicating with your pharmacy to coordinate and monitor care.

2. **Other Controlled Substances:**

If you have any medical conditions requiring other controlled substances such as Benzodiazepines (Xanax, Ativan, Klonopin) or Amphetamines (Ritalin, Adderall, Vyvance) we will ask that they be given to you by your mental health professional (psychiatrist). If you want us to prescribe those prescriptions, we will need to communicate directly with your psychiatrist who made the diagnosis of your anxiety disorder or ADHD and coordinate care.

3. **Keep Us Updated About Your Health**

You are expected to inform our office of any new medications or medical conditions, and any adverse effects you experience from any of the medications you take.

4. **Safeguard your prescriptions:**

Because of the nature of Suboxone as a highly controlled substance you are responsible for your medication. You may want to keep it in a safe. We will not renew it earlier by phone in case it was “stolen, forgotten in a hotel room, melted in a hot car or lost in the trash or flushed in the toilet”.

If you run out of Suboxone, we will want to see you back in the office, reassess the dosage of your medication and increase it to your needs after a thorough evaluation of your symptoms. Please be aware that Suboxone would be lethal to accidental ingestion by a child or a pet.

5. **Urine Drug Screens**

Random urine, saliva or serum toxicology screens may be requested, and your cooperation is required. Be aware that urine drug screens are part of your treatment program. A preliminary report will be done in the office; all urine drug screens are sent to an outside laboratory for a final and complete analysis.

6. **Success of your recovery**

We will never discharge you from our care if you have some “slips” or “lapses”. We know it is the nature of the disease of addiction like any chronic disease. However in return, we expect our patients to always be truthful to the doctors caring for them so we ensure an essential part of the success of the treatment that is the trust in the patient- doctor relationship.

Patient Signature

Date

Patient Name (printed)

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Patient's Current Medication List

Patient Name: _____

Today's Date: _____

Date of Birth: _____

	Medication Name	Reason Taken	Starting (MM/DD/YY)	Strength	Frequency (Times/Day)
1					
2					
3					
4					
5					

6					
7					

Allergic to: _____

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Follow-up Appointment and Unscheduled Appointments

We encourage you to schedule your follow-up appointment at the end of your visit with the doctor before leaving our office.

If you cannot keep your appointment, please call to notify us and reschedule.

A \$25 fee will be charged for any no-show appointments without a 24-hour prior notice.. You can cancel your appointment by contacting our office in several ways: calling the office or leaving a message at 703-691-4000, sending a fax to 703-691-4010, or emailing us at michelle@regionalhp.com.

A \$25 fee will be charged for 1-2 days call-in prescription refills;

A \$50 will be charged for 3-4 days call-in prescription refills

It is very important that every patient keeps his/her appointment.

Since your doctor typically prescribes enough medication to last until your next appointment, it should be a rare occurrence for our office to call in medication earlier than expected.

If this happens, please call us at 703-691-4000 and schedule an earlier appointment on the next available office day. Since we have a physician available most days, **the refill supply you need should never exceed a 2-day supply unless you experience an emergency**

I, _____, understand and agree with the new office policy at RHP.

(Please print your full name on the line above and sign and date below.)

Signature

Date