

**TREATMENT PLAN AND CONTRACT
FOR PATIENTS WITH
OPIATE USE DISORDER**

**PLEASE READ EACH REQUIREMENT AND SIGN AT THE END OF THE DOCUMENT
AS EVIDENCE OF YOUR UNDERSTANDING AND WILLINGNESS TO COMPLY
WITH THE REQUIREMENTS OF YOUR TREATMENT**

1. I agree the initial visit is an evaluation to determine if I am a candidate for outpatient initiation and/or maintenance with Buprenorphine/Naloxone.
2. I agree to report my history and my symptoms honestly. I also agree to inform Dr. Galliano of all other physicians and dentists whom I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have been using; and whether I am or have become pregnant or have developed hepatitis C. I should disclose if I am having current legal problems or if I am on probation.
3. I know that taking Buprenorphine/Naloxone regularly can lead to physical dependence, and that if I were to abruptly stop taking Buprenorphine/Naloxone after a period of regular use I could experience symptoms of opiate withdrawal and increase the risk of relapse, and in some cases even death.
4. I have been informed that Buprenorphine/Naloxone is to be placed under the tongue for it to be dissolved and absorbed, and that it should never be injected or taken intravenously. I have been informed that injecting Buprenorphine/Naloxone after taking Buprenorphine/Naloxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
5. I have been informed that Buprenorphine/Naloxone is a powerful drug and is to be respected, and that it must be protected from theft or other unauthorized use. I am aware that some persons may want to get high by using Buprenorphine/Naloxone or who want to sell it for a profit and that these individuals may be motivated to steal my prescription of Buprenorphine/Naloxone
6. I have a means to store my take-home Buprenorphine/Naloxone safely where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Buprenorphine/Naloxone pills are swallowed by anyone but me that I will call 911 **AND** Poison Control immediately.
7. I agree that **IF** it is recommended that my home supplies of Buprenorphine/Naloxone should be kept in the care of a responsible member of my family, or another third party, I will abide by such recommendations.
8. I will be careful with my take-home prescription supplies of Buprenorphine/Naloxone, 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 this to the police and will bring a copy of the police report to my next visit.

9. If required by Dr. Galliano, I agree to bring my bottle, unused packages, and used packages of Buprenorphine/Naloxone in with me for all appointments/visits so my medication can be inventoried to verify I am using the correct amount.
10. I am aware that Dr. Galliano has the ability to monitor if I am receiving controlled medications from other doctors and the office will monitor my pharmacy profile for controlled medications.
11. I agree to take my Buprenorphine/Naloxone as prescribed, to not skip doses, and that I will not adjust the dose without first speaking with Dr. Galliano about this so that changes can be noted in my medical record.
12. 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 me medication/prescription until the next scheduled visit. Even if I still have medications, with few exceptions, office visits are a **MONTHLY** requirement.
13. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Buprenorphine/Naloxone, to make sure I can tolerate taking it without becoming sleepy or clumsy as a side effect of taking it.
14. I agree that I will arrange transportation to and from the office during my first few visits if necessary.
15. I have been informed and understand that **it can be dangerous to mix Buprenorphine/Naloxone** with alcohol or another sedative drug 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 **NOT TO USE alcoholic beverages and NOT TO TAKE sedative drugs at any time while being treated with Buprenorphine/Naloxone.**
16. I am not pregnant nor will I attempt to become pregnant while taking Buprenorphine/Naloxone. I will take all precautions to avoid becoming pregnant. In the event that I discover I have become pregnant while on Buprenorphine/Naloxone, I will contact the office immediately to discuss other treatment options.
17. I want to be in recovery from addiction to all drugs, and 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 and understand that Buprenorphine/Naloxone is a treatment designed to treat opiate dependence only, and not addiction to other classes of drugs.
18. I understand that the support of loved ones is an important part of recovery and I agree to invite significant persons in my life to participate in my treatment and counseling.
19. I understand that a network of support and communication is an important part of my recovery and I agree that Dr. Galliano may contact outside parties, including physicians, therapists, probation and parole officers, and other parties about my treatment at this office.
20. I agree to be open and honest and inform Dr. Galliano about cravings or relapses which have occurred before a drug test result shows it.
21. I am aware that at any time the patient/doctor relationship can be dissolved and I would need to find another provider.
22. I will inform Dr. Galliano of any emergency situations in which a controlled medication is prescribed from any doctors, pharmacies, or other sources.

23. I have been informed that medication management of addiction with Buprenorphine/Naloxone is only one part of the treatment of my addiction, and involvement in an IOP (Intensive Outpatient Program), regular psychotherapy sessions and self-help support groups (NA, AA meetings) is highly recommended. If I am not able to show negative drug screenings, timely appointments and other requirements, then I will be subject to specific non-optional treatment interventions in order to continue treatment with Buprenorphine/Naloxone.
24. I agree to complete my drug test the day before or the day of my appointment.
25. I am aware that the office will not prescribe any controlled medications outside of my scheduled appointment time.
26. **I agree to abstain from all drugs, including alcohol, marijuana, THC products, and other street drugs. I understand that continued use of drugs can interfere with my attempts at recovering from opioid dependence. Testing Positive for Marijuana even with a state issued medical marijuana license will be considered a violation of your treatment plan and this contract.**
27. I agree to pay all office fees for this treatment at the time of my visits. Failure to do so will be considered a violation of your treatment plan and may result in termination of services.
28. I agree to randomize urine testing. The randomized testing can be initiated by this clinic or by the lab conducting the urine testing. Drug screenings sometimes need to be confirmed by an external clinical laboratory and this may not be covered by insurance companies.

UDS AND PRESCRIPTION POLICY

- You will need to complete your urine drug screen (UDS) the day before or the day of your appointment. **NO EXCEPTIONS** (You may or may not receive a reminder, so please plan accordingly)
- If you **do not** come in for your UDS prior to your appointment:
 - Your appointment will be cancelled and you will not be seen by the provider
 - It will count as a no show and the no show fee of \$100 must be paid in order to reschedule.
 - No prescriptions will be issued until you are seen at the next available appointment

A “**Positive Urine**” screening is defined as:

- Urine test showing **positive** for any illegal or controlled substances.
- Urine test showing **negative** for buprenorphine.
- Urine test showing signs of adulteration

**FURTHER TREATMENT REQUIREMENTS MAY VARY DEPENDING ON THE
OPINION OF DR. GALLIANO AND MAY INCLUDE...**

- Coming to the office for appointments/visits twice a month
- Coming to the office weekly for a drug screening
- Referral to a more intensive treatment option, such as involvement in an IOP (Intensive Outpatient Program), inpatient detoxification, or residential treatment program.
- Attendance of 5-10 psychotherapy sessions with evidence provided of them

VIOLATIONS RESULTING IN DISMISSAL WITHOUT RECOURSE OR APPEAL

- I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is illegal and a serious violation which will result in **dismissal without recourse or appeal from this office.**
- I agree not to deal, steal, or conduct any illegal or disruptive activities in Dr. Galliano's office and these will result in **dismissal without recourse or appeal from this office.**

To acknowledge and agree to the new *UDS and Prescription Policy* please check the box

By Signing below, I consent to the above terms of this contract

Patient Name

Patient Signature

Date