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2022 TREATMENT PLAN AND POLICY FOR PATIENTS WITH OPIATE USE DISORDER

UPDATED 12/2021

The purpose of the following treatment plan contract is to help you understand the requirements and monitoring of our program to help you remain sober and in treatment with Buprenorphine. You will find information regarding your individualized treatment plan at the end of this document in an addendum. This contract will renew every year unless your condition requires changes in your monitoring. A copy of this policy will be available on our website for future reference.

Treatment plans are divided into the following:

- **Acute**
 - For patients in early abstinence, recent relapse, recently discharge from a treatment program (IOP/PHP inpatient/Residential) or non-compliance with other aspects of their treatment plan.
 - Psychiatric follow up appointment will be every 1-4 weeks
 - Schedule drug screening in the lab or office will be every 1-4 weeks
 - Random drug testing between 1-4 weeks
- **Stable**
 - For patients that are over a year sober, able to maintain consistent abstinence and follow all requirements of the program
 - Psychiatric follow up appointments will be every 1-3 months
 - Schedule drug screening in the lab or office will be every 1-3 months
 - At random UDS few times per year.
 - Based on the stage of your treatment. your provider will notify you of your options and the recommended frequency of drug testing.

** To help you achieve your goals, your appointment and drug monitoring frequency will vary over time depending on your ability to maintain abstinence.

Drug Testing

In order to facilitate the access, convenience and accuracy, drug monitoring will primarily occur at a clinical laboratory.

- You will receive a lab order for urine drug testing by email that you will need to print and use every time you go to the lab. Lab order will be good for 1 year.
- You will need to do your drug testing the **first week of the month**. Most insurances will pay for urine drug tests at a clinical laboratory. If you do not have insurance, please contact the office to discuss other options.
- Drug tests in the office are no longer included with the cost of your visit and will cost \$25. If there are positive results or discrepancies in the screening test, you may need to use a laboratory for confirmation.

Psychiatric Office Visits

- Appointments should be scheduled between the 10th and 20th of the month to give you time to do the drug test and be sure we receive your results prior to your appointment.
- Our office cannot be responsible for keeping track of all tests, so please ask the lab for the best way to get the results sent to our office. We recommend calling our office to make sure we received your results.

Prescriptions

- Prescriptions will be sent at the end of the day after your appointment between 5pm-8pm
- We do not send prescriptions outside your visit day or required drug test.
- Prescriptions are sent electronically to a FL pharmacy or mail order pharmacy to resident of the state of FL. If you move out of the state, you will need to find a new provider.

Please read each requirement for treatment in our office with Buprenorphine

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 and not a guarantee that the medication will be prescribed.
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 supplies of it must be protected from theft or other unauthorized use, since persons who want to get high by using it or who want to sell it for a profit, may be motivated to steal my take-home 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 or Poison Control (800-822-1222) 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. 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 of controlled medications.
10. 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.
11. I agree that my medication/prescription can only be given to me at my regular office visits/drug test . A missed visit will result in me not being able to get my medication/prescription until the next scheduled visit. Even if I still have medications, with few exceptions, office visits are a **MONTHLY** requirement.
12. 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.
13. I have been informed and understand that **it can be dangerous to mix Buprenorphine/Naloxone** with alcohol or another sedative drug such as Gabapentin, Quetiapine, 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 unless discussed with Dr. Galliano or another provider.**
14. I will inform Dr. Galliano of any situations in which a controlled medication is prescribed (temporarily or on-going) from any doctors, pharmacies, or other sources, to determine if medication adjustment or reevaluation is necessary. This includes evaluations for other medical problems, procedures, and/or surgeries.
15. 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 treatment options.

16. 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 manage opiate use disorders only, and not addiction to other classes of drugs.
17. 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.
18. 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.
19. 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.
20. I am aware that at any time the patient/doctor relationship can be dissolved, and I would need to find another provider.
21. 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.
22. I agree to complete my drug test in accordance to my specific treatment plan. If not, my appointment is subject to cancellation and my prescriptions will be suspended.
23. I am aware that the office will not prescribe any controlled medications outside of my scheduled appointment time/Drug test .
24. **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.**
25. 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.
26. I agree to randomized saliva/urine testing. The randomized testing can be initiated by this clinic or by the lab conducting the drug test. Drug screens sometimes need to be confirmed by an external clinical laboratory and this may not be covered by insurance companies.

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 YOUR ABILITY TO MAINTAIN ABSTINENCE.

- Change in frequency of scheduled and random drug monitoring, and office visits
- 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.
- Bringing a urine specimen from another person to the office

BEACHES TMS & BRAIN HEALTH  **BEACHES BEHAVIORAL**

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Addendum: Individualized Treatment Plan

Effective Date: _____

Patient Name: _____

Appointment Frequency: _____

Drug Monitoring Frequency: _____