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## **BUPRENORPHINE TREATMENT INFORMED CONSENT & PATIENT RESPONSIBILITIES**

**Buprenorphine (Suboxone)** became available for the outpatient treatment of narcotic addiction (opiate dependence) in 2003. This medication is intended to reduce cravings for narcotics. In this way, it is similar to methadone. It may not be as effective as methadone for many individuals, but it does have a number of advantages. The advantages of this treatment include the following:

- Office visits about once a month instead of daily visits to a methadone clinic
- Significantly reduced risk of narcotic overdose
- Significantly reduced withdrawal (abstinence syndrome; “dope sickness”) than with methadone.

It is important to understand that this medication is not for everyone who abuses narcotic drugs. It is only for those who are currently addicted to narcotics and have been unable to stop “using” despite efforts to do so (e.g. rehabs, NA attendance, etc.). Serenity Oaks staff members will determine whether or not you are appropriate for a buprenorphine detoxification and/or maintenance. **Bring this packet with you to your first visit.**

### **Buprenorphine Treatment for Narcotic Addiction**

Addiction specialists consider addiction a chronic disease and treat it accordingly. We know that some individuals are more likely to become addicted to opiates because of hereditary and environmental factors. The combination of genetics plus exposure bring about changes in brain chemistry. A person first uses to get “high” or for pain management, but after continued exposure, the addiction “takes over” those parts of the brain that control natural cravings and the person needs drugs to avoid withdrawal or to feel “normal”. Abstinence is best, but if an addict is unable to stop “using” opiates, buprenorphine treatment may be appropriate. This drug can be used for detoxification or for maintenance. When used for maintenance, it binds to the same sites in the brain as narcotics (heroin, oxycodone, hydrocodone, morphine, etc.). It reduces craving, allowing the addict to become less “obsessed” with drugs. The addict will then be more likely to return to “normal” activities such as work, school, being a parent, etc. Recovery is, however, far more than just staying clean. Recovery involves emotional and spiritual growth. To recover, an addict must come to terms with the past and make a serious effort to heal emotional and spiritual wounds. Buprenorphine alone does not provide emotional or spiritual healing. It can free the addict from cravings and help the addict begin the long and hard process of recovery.

Because your doctor must be sure you are an addict, we must test for drugs and assess for active withdrawal. **You must start treatment when you are in mild withdrawal.** Receiving buprenorphine is very much a privilege. Physicians are limited by law the treatment 100 patients with Suboxone at one time. If you do not cooperate with the treatment program, we are under no obligation to continue treatment, and may refer you to another provider. It is our sincere hope that you reach a point in your recovery when you will no longer need buprenorphine.

### **IMPORTANT WARNINGS ABOUT BUPRENORPHINE:**

1. When on buprenorphine, other narcotics are unlikely to be effective. If you require medical care (e.g. surgery), medicines such as morphine will not work unless you are off buprenorphine for a few days.
2. When taken in combination with “benzo’s” (e.g. Valium, Xanax, Ativan) or alcohol, or other drugs, buprenorphine **can be fatal**. You must NOT take any medication without prior approval of your physician.
3. Buprenorphine pills (Suboxone) contains the narcotic “blocker” naloxone. If a narcotic addict injects this medication, he or she will experience immediate, painful, and dangerous withdrawal.
4. All medical providers who provide care for you (e.g. dentist) must be aware that you are taking this drug. We additionally request that you keep us informed of any controlled substances prescribed from outside clinics, so we may work together in keeping you safe and sober.
5. You may experience side effects such as sedation, low blood pressure, headache, nausea. Rarely, liver damage has been reported.
6. For the first three days of treatment, you should not drive a car or operate machinery. Like any opioid, buprenorphine may cause sedation

### **BUPRENORPHINE MAINTENANCE TREATMENT: PATIENT RESPONSIBILITIES**

**1. Store Medication Properly:** All medication must be kept out of the reach of children. It also must be safeguarded from inadvertent use by other adults or intentional use by those who abuse drugs. **We recommend a lock box or safe.**



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2. **Take as Prescribed:** You must take exactly as prescribed. You may not adjust the dose yourself. You may not “share” your medication with others.
3. **Comply with Pill Counts:** You may be asked to bring in your medication for a pill or film count. You must come to the office within 48 hours of such a request.
4. **Comply with Drug Testing:** You will be asked to come to the office for random drug tests. There is a charge for these tests. You must come to the office within 48 hours of such a request.
5. **Notify the Office if Medication is Lost or Stolen:** You must notify the office immediately if medication is lost or stolen. You are required to contact the police and bring a report to the office. We typically do not replace lost or stolen prescriptions, but we do not wish for you to relapse.
6. **Notify in Case of Relapse:** Call us immediately if you relapse. Although we understand that relapse may be part of the disease process, we believe honest communication is essential to a beneficial doctor-patient relationship. We need to know about relapse BEFORE a positive urine test.
7. **Know the Office Policies that Pertain to Buprenorphine Maintenance:** You must review this information in its entirety, including your responsibilities, office hours, payment, etc.
8. **Payment for Medical Services:** Patients not current with payment are NOT considered active patients (part of doctor’s panel of 100 patients) and we are under no obligation to provide further treatment.

#### OTHER INFORMATION ABOUT BUPRENORPHINE TREATMENT

-Buprenorphine is a FDA approved medication for the treatment of narcotic addiction. Qualified physicians may prescribe this medication for detoxification or maintenance treatment. Therapy may continue as long as medically necessary.

-Buprenorphine is itself a narcotic-type medication, but not as strong as heroin or methadone. It can cause physical and psychological dependence. Stopping buprenorphine results in a withdrawal syndrome, though not as severe as with heroin or methadone. To minimize the possibility of this syndrome, the medication should be tapered very slowly, usually over several months.

-If you are dependent on narcotics, you should be in mild withdrawal before starting buprenorphine. This medication can cause severe withdrawal when taken by patients tolerant to narcotics. The majority of patients are started on the medication at home, however, some require observation in the office.

-Some patients take several days to get used to buprenorphine. During that time, using other narcotic type drugs will increase symptoms. After stabilized on buprenorphine, other narcotics will not be as effective.

-You will need to be tapered off this drug prior to any elective surgery. In emergencies, narcotic pain medications (e.g. morphine) will not be as effective. Although your doctor may try other medications, you may experience pain that cannot be adequately relieved by medications until the buprenorphine “wears off”. Buprenorphine may be effective for pain management if the doctor is familiar with its use, they may need to speak with our physician to help with achieving adequate pain control.

-The form of buprenorphine you will be taking (Suboxone) also contains the narcotic antagonist naloxone (Narcan). An opiate addict who injects this medication will go into immediate and severe withdrawal.

-Buprenorphine tablets and strips must be held under the tongue until dissolved and completely. It is absorbed over the next 30- 120 minutes from the tissues under the tongue. It will not be absorbed if swallowed. Do not spit out the saliva, eat or brush teeth immediately after taking the medication.

-Buprenorphine will cost about \$6-20.00 dollars per day. If you have medical insurance, you should find out if this medication is covered by your insurance plan as most will pay for the medication. You are responsible for paying office fees at the time of visit. Most insurers do not pay for addiction treatment outside of their “provider network” of rehabs, so they will not reimburse you for treatment.

#### Alternative Treatments

There are specialized inpatient, outpatient, and long-term treatment programs available for drug addiction. As noted in this packet, buprenorphine is only one possible treatment. Many patients would be better served by drug free treatment rather than opioid (narcotic) maintenance. Methadone is a better choice for other patients, at it more effectively blocks cravings for narcotics. You should consider all treatment options and seek expert counseling to help you decide whether buprenorphine is right for you. PARTICIPATING IN COUNSELING AND/OR NARCOTICS ANONYMOUS MEETINGS ARE HIGHLY RECOMMENDED; SOME PATIENTS WILL BE REQUIRED TO DO SO.



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Affirmation: Having considered alternative treatments, and having read about Suboxone's risks, benefits, and side effects, I choose addiction treatment with Suboxone. I understand that I may have to remain on this medication indefinitely. I understand that it blocks the effects of morphine-like drugs. I understand that is dangerous in overdose or in combination with other drugs and alcohol. I understand that this medication has certain side effects as noted in the information packet. I understand that Suboxone alone does not lead to recovery, and that participating in counseling activities will likely help with my recovery.

**I certify that I have read and understand this document.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date



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1. I understand that you are treating my substance abuse medical problem with a narcotic drug called, BUPRENORPHINE combined with an antagonistic drug called naloxone.
2. The purpose of this treatment is to keep me free of opioid-type drugs of abuse.  
**The patient will agree to notify the clinic immediately in case of relapse to drug abuse. Relapse to opiate drug abuse can be life threatening, and an appropriate treatment plan has to be developed as soon as possible. The physician should be informed about a relapse before any urine test shows it. NOTE: relapse in itself is not a reason to stop buprenorphine treatment.**
3. I will keep my scheduled appointments.  
**Full payment is expected at the time of each visit. There will be a charge for missed appointments if the office is not notified at least 24 hours prior to the appointment.**
4. I will be financially responsible for my treatment.  
**Buprenorphine treatment is very expensive. Insurance companies may or may not cover the medication or the clinics visits. The expected cost of yearly clinic visits is approximately \$2500.00 without insurance. The cost of medication is approximately \$300.00-\$600.00 per month without insurance. Planning for these expenses is critical to avoid interruptions in treatment.**
5. I will take administered, dispensed, or prescribed medications exactly as directed. I will use only one pharmacy, as directed, to fill my prescriptions. I will not seek multiple physicians for buprenorphine prescriptions.  
**The patient must not adjust the dose on his or her own. If the patient wishes a dose change, he or she will call the clinic for an appointment to discuss this and the physician can change the order.**
6. I understand that I will be required to have counseling, and urine drug screens (which may be monitored) to confirm that my intention is to reach a drug-free, sober, and healthy state. **The patient will agree to comply with the required pill counts and urine tests. Urine testing is a mandatory part of buprenorphine treatment, and the patient must be prepared to give a urine sample for testing at each clinic visit, as well as to show the medication bottle for a pill count, including reserve medication. In the case of random drug screening, the patient will have one day to come to the clinic for a screen. Failure to come to screens may result in discontinuation of services. If you have a problem attending a screen, call the office that day.**
7. I will not give, sell, or barter any of my treatment medications to ANYONE. **The patient will agree to notify the clinic immediately in case of lost or stolen medication. Only under exceptional circumstances do we replace lost or stolen prescriptions.**
8. The purpose of BUPRENORPHINE is to block the craving, withdrawals, and stop addictive behaviors. **I understand that regularly taking Buprenorphine causes physical dependence. Suddenly stopping this medication will cause withdrawal symptoms similar to any narcotic drug.**
9. I understand that taking BUPRENORPHINE with naloxone when physically dependent on a different opioid drug (Vicodin, Percocet, Oxycodone, Norco) may cause severe withdrawal symptoms.
10. My medical records are confidential under Federal Law and can only be released in part or in whole by my written and signed consent, except as required by law.
11. I will abide by the program guidelines with regard to appropriate behavior, dress, and medication security both at the office and the pharmacy.
12. I will work with the program to become free of use of opiates and as a part of my treatment I agree to abstain from using other non-narcotic substances, prescribed controlled substances or illicit drugs such as alcohol, marijuana, and benzodiazepines (Valium, Xanax). These substances when combined with buprenorphine may have significant, life-threatening adverse effects **(DEATHS have been reported when buprenorphine is combined with benzodiazepines. This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, etc).**
13. At the discretion of the physician, buprenorphine treatment may be discontinued for persistent violations of this contract, lack of improvement in drug treatment or adverse effects of buprenorphine.
14. I agree to report my history and my symptoms honestly. I also agree to inform staff 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 recently been using; and whether I have become pregnant or have developed hepatitis.



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15. I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
16. I agree to cooperate with witnessed urine drug testing whenever requested by staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
17. I have a means to store take-home prescription supplies of buprenorphine/naloxone safely, where it cannot be taken accidentally by children **or pets**, or stolen by unauthorized users. There have been reported deaths in children who have accidentally taken Buprenorphine. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately. (We recommend use of a lockbox). Do not store the medication by your bed or in the refrigerator, and do not take buprenorphine in front of children.
18. I agree that if my doctor recommends that my home supplies of Suboxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
19. I will be careful with my take-home prescription supplies of Suboxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctors 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.
20. I agree to bring my bottle of Suboxone in with me for my appointment with my doctor if requested so that remaining supplies can be counted.
21. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Suboxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
22. I agree that I will arrange transportation to and from the office during my first days of taking Suboxone so that I do not have to drive myself to and from the clinic or hospital.
23. I am not pregnant, and will not attempt to become pregnant. If a female, I will not have unprotected sex while I am taking buprenorphine/naloxone, because of the unknown safety of buprenorphine during pregnancy. I have been informed to notify my doctor immediately in the case of a pregnancy so the risks and benefits of buprenorphine/naloxone treatment can be evaluated.
26. 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 that buprenorphine, as found in Suboxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
27. I agree that medication management of addiction with buprenorphine/naloxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with buprenorphine, in this clinic, in NA or AA meetings, or with a private counselor of my choosing.
27. I understand that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery (AA/NA).
28. I agree to participate in a regular program of peer/self-help while being treated with Suboxone if requested by my doctor.
29. I agree 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.
30. I agree that a network of support, and communication among persons in that network is an important part of my recovery. I will be asked for my authorization, if required (which it almost always is) to allow telephone, email, or face-to-face contact, as appropriate, between staff from my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the staff has decided that open communication about my case, on my behalf, is necessary.
31. I agree that I will be open and honest with my counselors and inform staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which *has* occurred --*before* a drug test result shows it.
32. **IMPORTANT:** Relapsing back to other opiates has frequently led to the death of many patients because patients can no longer tolerate the old dose of opioids they are prescribed or were getting off the streets. In addition, opioids are frequently adulterated on the streets with substances that can lead to a fatal overdose. We cannot guarantee any safe dose during a relapse, but you expect to tolerate a MUCH LOWER amount than you were



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previously using.

33. I understand that having an overdose prevention plan is an important strategy to reduce my risk of death from overdose. I will involve my family and peers as my support team, to help me avoid overdose. I will consider keeping Narcan emergency nasal spray and inform my support team of its presence and use. (The clinic will prescribe Narcan to any patient or family member who wishes to have this at home for use during an overdose.)
34. I understand that taking responsibility for my treatment includes planning my appointments around my work and home schedules, and that there are no “buprenorphine emergencies”. I will contact the clinic with reasonable requests, and I acknowledge that any treatment decisions, medication changes, and prescription refills will need to be discussed with my doctor during a regular clinic visit.

THE FOLLOWING BEHAVIORS ARE INAPPROPRIATE:

- 1. Missing appointments**
- 2. Not sticking to the medication schedule**
- 3. Not responding to phone calls**
- 4. Refusing urine testing, or providing an invalid urine sample for testing.**
- 5. Neglecting to mention new medication or outside treatment**
- 6. Appearing intoxicated or disheveled in person or on the phone.**
- 7. Frequent, urgent, inappropriate phone calls, especially after hours or on weekends.**
- 8. Neglecting to mention change of address, job, or home situation.**
- 9. Inappropriate outbursts, especially anger**
- 10. Repeated lost or stolen medications**
- 11. Non-payment of bill**
- 12. Use of other controlled or illicit substances**

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Print Name

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Patient's Signature

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Date