

**Maison Cura, LLC**

**SUBOXONE PROGRAM PACKET**

**PLEASE COMPLETE PRIOR TO YOUR APPOINTMENT!**

*No medications are stored or dispensed on site. All prescriptions, including Suboxone are issued electronically or via prescription only!!!*

**What to expect:**

The initial visit is typically the most comprehensive and may last approximately 1-2 hours.

When preparing for your initial visit, there are several logistical considerations to keep in mind.

- Your provider will send your prescription to your pharmacy. It will be the patient's responsibility to retrieve the medication and bring it back to the office where the first weekly dose will be administered and monitored.
- Patients may experience drowsiness or slowed reaction times following the initial visit, which may impact their ability to return to work the same day. This is expected and temporary. Due to these potential effects, particularly during the early stages of Suboxone treatment, patients are advised not to drive themselves home after the first appointment and should arrange for transportation in advance.

To ensure a thorough and efficient evaluation, all paperwork must be completed & we ask that you arrive on time. Bring **ALL** medication bottles with you to your appointment. Please be prepared to answer a series of detailed questions during your visit.

Observed urine drug screening is a routine component of Suboxone therapy, as it provides valuable clinical insight into your health and supports effective treatment planning. Your initial visit may include both urine and blood work. If you have not had a recent physical examination, one may be required to ensure that Suboxone is an appropriate treatment option.

During this visit, your provider will also complete a substance use assessment and mental status evaluation. You and your provider will then discuss Suboxone treatment, including your goals and expectations.

Following the completion of this evaluation, your provider will issue a Suboxone prescription. In some cases, additional short-term medication may be prescribed to help prevent or reduce withdrawal symptoms.

# Buprenorphine (Suboxone) Treatment Agreement

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## By signing below, I agree to the following:

Buprenorphine (Suboxone) is a medication used to treat opioid use disorder. Treatment is most effective when combined with counseling, behavioral therapy, and/or participation in recovery support programs (e.g., 12-step programs or other structured recovery support).

## Patient Responsibilities and Agreement

I understand and agree to the following:

### 1. Participation in Treatment

- I agree to actively participate in my recovery by engaging in counseling, therapy, or a recovery support program during my treatment with buprenorphine.

### 2. Coordination of Care

- I authorize my provider to communicate and coordinate care with the other healthcare providers, including methadone clinics if applicable.
- This may include the exchange of medical records and communication with clinical staff.
- Once transitioned to buprenorphine, I agree not to take methadone.

### 3. Induction (Start of Treatment)

- I understand that I must arrive for my induction appointment in a state of opioid (including heroin, methadone, codeine, or other opioid-containing medications) the day prior to starting buprenorphine.
- If I am not experiencing observable withdrawal symptoms, my induction may be delayed.

### 4. Dosing and Medication Use

- I understand my initial dose may begin at approximately 4mg, with possible additional dosing based on clinical response.
- I agree to take buprenorphine exactly as prescribed.
- I will not share, sell, or allow others to use my medication. I will not take additional medications without prior approval from my provider.

### 5. Safety and Medication Risks

- I understand that buprenorphine is an opioid medication and carries risks.
- I acknowledge that combining buprenorphine with benzodiazepines (such as valium, Librium, or similar medications), alcohol, or other sedatives significantly increases the risk of overdose and death.

## **6. Treatment Goals**

- I understand that the goal of treatment is recovery from opioid dependence and learning to live without the misuse of substances.
- I acknowledge that treatment duration varies and may continue as long as clinically necessary to prevent relapses.

## **7. Drug Screening and Monitoring**

- I understand that observed urine drug screening is a routine part of treatment to monitor progress and detect relapses.
- Drug testing may occur weekly at the start of treatment and less frequently as I progress.

### **\*Consequences:**

- No prescription until screening is completed
- Two (2) abnormal screens may result in a discharge from practice

## **8. Prescription and Appointments**

- Medication will be prescribed in quantities sufficient to last until my next scheduled appointment.
- The frequency of visits will depend on my progress and adherence in treatment.
- Lost or stolen prescriptions or medications may result in changes to or discontinuation of treatment.

## **9. Pregnancy**

- I agree to notify my provider immediately if I become pregnant or suspect that I may be pregnant.

## **10. Contact/Communication**

- It is imperative that your provider here at Maison Cura has functioning contact phone numbers; it is the responsibility of the patient to notify the office of any changes to their contact information. Our office will make two (2) attempts to contact the patient for the collection of random urine screens and NO detailed messages will be left on voicemail. The patient will need to make sure they can be reached. Failure to respond to the call in a timely manner for a random urine screening will be considered a “dirty urine”. The patient **WILL NOT** be allowed to arrange a time to come to the office for a random urine screen.

## **Confidentiality**

The confidentiality of alcohol and drug dependence patient records maintained by **Maison Cura** is protected by federal law and regulations (HIPAA & 42 CFR Part 2). Generally, the practice may not disclose any information except in case of:

- The patient consents in writing.
- The disclosure is allowed by a court order, or threats/crimes
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit (such as required reporting - e.g. abuse/neglect)

## **Acknowledge and Consent**

I have read and understand the above information regarding buprenorphine (Suboxone) treatment plan. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction. I voluntarily agree to participate in this treatment program and to follow the terms outlined above. I understand that failure to comply may result in changes to my to my care or being discharged from the practice.

Patient Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Provider Signature : \_\_\_\_\_ Date : \_\_\_\_\_