

Clear Horizons Healthcare New Patient Treatment Agreement

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. I agree to keep appointments and let appropriate staff know if I will be unable to show up as scheduled.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. I agree to report my history and my symptoms honestly to Clear Horizons Healthcare clinicians, nurses, and counselors. I also agree to inform Clear Horizons Healthcare 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.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. I agree to cooperate with witnessed urine drug testing whenever requested by Clear Horizons Healthcare staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. I have been informed that buprenorphine, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking buprenorphine regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking buprenorphine after a period of regular use, I could experience symptoms of opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. I have been informed that buprenorphine is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV. I have been informed that injecting Suboxone after taking Suboxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. I have been informed that Suboxone is a powerful drug and is to be respected, and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. I have a means to store take-home prescription supplies of buprenorphine safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my buprenorphine pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. I agree that if my Clear Horizons clinician recommends that my home supplies of buprenorphine should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. I will be careful with my take-home prescription supplies of buprenorphine, 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 Clear Horizons visit.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. I agree to bring my bottle of Suboxone in with me for every appointment with my Clear Horizons clinician so that remaining supplies can be counted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. I agree to take my Suboxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my Clear Horizons clinician about this so that changes in orders can be properly communicated by Clear Horizons to my pharmacy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 Suboxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. I agree that I will arrange transportation to and from work or school during my first days of taking Suboxone so that I do not have to drive myself due to the potential side effects of the medication.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. I have been informed that it can be dangerous to mix Suboxone 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 to use no alcoholic beverages and to take no sedative drugs at any time while being treated with Suboxone. I have been informed that my Clear Horizons clinician will almost certainly discontinue my buprenorphine treatment with Suboxone if I violate this agreement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. If a female, I am not pregnant, and will not attempt to become pregnant will not have unprotected sex while I am taking Suboxone. It is known that while using opiate medication, the baby will be at risk for neonatal abstinence syndrome. This when a baby goes through drug withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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 that buprenorphine, as found in Suboxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. I agree that medication management of addiction with buprenorphine, as found in Suboxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling at Clear Horizons while being treated with Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. I agree to participate in a regular program of peer/self-help while being treated with Suboxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. 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 at Clear Horizons Healthcare.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. 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 Clear Horizons staff

		from my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the Clear Horizons staff has decided that open communication about my case, on my behalf, is necessary.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. I agree that I will be open and honest with my counselors and inform Clear Horizons staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which <i>has</i> occurred -- <i>before</i> a drug test result shows it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. I have been given a copy of Clear Horizons Healthcare's procedures, including hours of operation, the clinic phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Suboxone.

Patient Signature: _____

Date: _____

Staff Signature/Title: _____

Date: _____