

Patient Name: _____

DOB: _____

MR#: _____

Informed Consent for Treatment with Buprenorphine

C.O.R.E. Medical Clinic, Inc.

Buprenorphine is an FDA approved medication for treatment of people with opioid dependence. Qualified physicians can treat 100 patients or more for opioid dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opioid, but it is not as strong as heroin or morphine. Buprenorphine treatment can result in physical dependence. Buprenorphine withdrawal is generally less intense than with heroin or methadone. Sudden discontinuation of buprenorphine can produce symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize opioid withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more and as directed by your physician.

Unsupervised dose reduction often is associated with relapse.

Since you are dependent on opioids, you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opioid withdrawal. For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. During the first couple of days of the induction phase, you usually will be provided with some tablets to take at home.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opioids will have less effect.

Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. You should not take any other medication without discussing it with our medical staff first. "Other medication" includes prescription and non-prescription drugs, vitamins, and herbal supplements.

Combining buprenorphine and alcohol and other medications, including, but not limited to benzodiazepines, may also be hazardous. The combination of buprenorphine and overdoses of medications such as Valium, Librium, and Ativan has resulted in deaths, especially in injection users. Depending on your insurance, Narcan rescue kits are available through our dispensary or your pharmacy. If you are pregnant, options other than buprenorphine should be explored, unless you are already stable on buprenorphine, as withdrawals can be harmful to the fetus. Pregnant patients must switch to Subutex immediately if they are taking suboxone or another generic form of the medication that contains naloxone.

I understand that risks associated with buprenorphine induction and maintenance include, but may not be limited to:

- Overdose
- Respiratory depression
- Opioid withdrawal
- CNS depression
- Drug interactions and/or allergic interactions
- Other risks, all of which cannot be anticipated
- Dependence on buprenorphine
- Antagonism of other opioid analgesics
- Side effects, such as headaches, sweating, sleep disturbance, nausea, cold or flu-like symptoms, mood swings, and constipation

On rare occasions, certain medications may cause acute liver toxicity. Signs and symptoms of such a reaction are yellow eyes, yellowish skin, abdominal pain, dark urine, light-colored and floating stools, generalized weaknesses, elevated LFTs (liver function tests) on laboratory studies (if obtained) and fever. If you are to experience any of these signs and symptoms, please notify our medical staff and discontinue the medication immediately. I agree to keep written identification and information on me at all times for medical providers indicating that I am taking buprenorphine.

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There are multiple forms of buprenorphine that you may be prescribed depending on what medication is deemed most appropriate for you by the physician. Suboxone contains a combination of buprenorphine with a short-acting opioid blocker (Naloxone). If the Suboxone tablet or film were dissolved and injected by someone taking heroin or another strong opioid, it would cause severe withdrawal. Buprenorphine must be held under the tongue until they dissolve completely. Buprenorphine is then absorbed over the next 30 minutes to 2 hours from the tissue under the tongue. Buprenorphine will not be absorbed by the stomach if it is swallowed. **Sharing or selling your buprenorphine medication can result in death in children, pets, or adults who have a low tolerance to opioids. You are not to share or sell your buprenorphine (suboxone or subutex) medication under ANY circumstance.**

Please take all medication as directed.

Alternative Forms of Treatment

Some hospitals that have specialized drug abuse treatment units can provide detoxification and intensive counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy, which may emphasize treatment that does not include maintenance on buprenorphine or other opioid-like medications. Other forms of opioid therapy include methadone maintenance and medically supervised withdrawal with methadone. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own. I understand that there are available alternative treatment options. However, the scientific information on opioid addiction treatment is very clear that opioid agonist treatment with buprenorphine or methadone are the safest and most effective forms of treatment.

To the best of my knowledge (I am I am not) pregnant. NA

I hereby certify that I am not currently receiving any replacement treatment for opioid dependency. I agree not to enroll or attempt to enroll in another replacement treatment program for opioid dependency without informing Dr. Stenson and Dr. Bell. The last time I took any Opioids (prescribed or illicitly) was on

Date: _____ at Time: _____ The opioids I used were: _____
(ex: Norco, heroin, oxycontin, etc.)

By coming onto this program, you are agreeing to participate and complete counseling requirements per C.O.R.E. policy (in most cases weekly 50 min. sessions). This appointment time will be set between you and your counselor. We will do our best to accommodate your schedule. What particular day(s) and time(s) would potentially work best for you?

Days _____ Times _____

Signatures on last page

Patient Signature

Date

Parent/Guardian Signature (if patient is under 18)

Date

AHP Signature

Date

Physician Signature

Date

copy accepted declined