SCHWARTZ
MEDICAL GROUP

# SUBOXONE PROGRAM

Opioid dependence is a challenging and complicated condition, but it can be treated. If you're working to overcome pain pill dependence, you know the experience can sometimes be overwhelming. Currently opiate dependence treatments like methadone can be dispensed only in a few centers that focus in addiction treatment. There are not enough addiction treatment clinics to assist all patients seeking treatment. Fortunately, Suboxone is the first narcotic drug available under the **Drug Abuse Treatment Act** (DATA) of 2000 for the treatment of opiate dependence that can be prescribed by a physician. Hopefully, this advance in therapeutics will provide more patients the opportunity to access treatment.

Suboxone contains a combination of buprenorphine and naloxone. Suboxone is an opioid medication. Suboxone is similar to other opioids such as morphine, codeine, and heroin however, it produces less euphoric ("high") effects and therefore may be easier to stop taking. The intention of adding naloxone to the formulation is to deter intravenous misuse and reduce the symptoms of opiate dependence. Suboxone has recently become the drug of choice instead of methadone in the treatment of opiate addiction. Suboxone use is less rigidly controlled than methadone because it has a lower potential for abuse and is less dangerous in an overdose.

Opioid dependence is a chronic relapsing medical condition that requires long-term treatment and patient support. In addition, many intravenous drug users share syringes and needles; a practice that can lead to the transmission of serious blood-borne infections including human immunodeficiency virus (**HIV**), hepatitis B and hepatitis C.

Suboxone is available in the form of a film, which is always administered sublingually. The film is placed underneath the tongue until it is fully dissolved. Swallowing or sucking on the medication does not offer any therapeutic benefit. When placed underneath the tongue, the film dissolves and is absorbed in 10-20 minutes.

**What to expect:**

All programs begin with an initial physician visit. At that time, a thorough interview and comprehensive exam are completed to determine the appropriate dosing protocol and is typically 1 to 1.5 hours in length, depending upon the complexity of your case. Dr. Schwartz uses the first visit to gather detailed information about you, your history of symptoms, behavior patterns and relationship styles to carefully formulate a Psychiatric diagnosis. It is very important to arrive for your 1st visit on time and prepared to answer a battery of questions.

*** Bring ALL medication bottles with you to your 1st appointment.**

**A packet of required forms and a medical records release must be completed and turned in before you can see the doctor.** You may access the forms on our website, pick them up from our office prior to your appointment, or arrive 30 minutes early to allow the time to fill them out with the exception of the medical records release. You need to sign a release and we need to obtain your medical records prior to your 1st appointment.

## SMG related Q&A:

1) **Q**: How young can I be to be a pt. for suboxone with Dr. Schwartz?
   **A**: Dr. Schwartz accepts pt's who are 25 years and older.

2) **Q**: Will there be a drug screen?
   **A**: Yes. You will be screened at your first apt, and can be called back for a random Drug Screen anytime. You will need to arrive the same day at either SMG no later than 4pm or you can go to Immediate Care (Shady Lane only) no later than 7pm. You may have to wait on the immediate care side as patients are seen according to severity of problem.

3) **Q**: Do you need Medical Records?
   **A**: Yes. We need whatever you have. If you don't have any, we may require a complete physical to be done at first apt (this will be an additional charge).

4) **Q**: Do I need to get counseling?
   **A**: Yes. You will be given a list of options for help and you will have to produce proof of attendance.

5) **Q**: Do you do film counts?
   **A**: Yes. You will need to bring your suboxone with you to every apt and the RN, MA will count them and assure they have not been tampered with.

# FREQUENTLY ASKED QUESTIONS—SUBOXONE

1. **Why do I have to feel sick to start the medication for it to work best?**
   When you take your first dose of SUBOXONE, if you already have high levels of another opioid in your system, the SUBOXONE will compete with those opioid molecules and replace them at the receptor sites. Because SUBOXONE has milder opioid effects than full agonist opioids, you may go into a rapid opioid withdrawal and feel sick, a condition which is called "precipitated withdrawal."
   By already being in mild to moderate withdrawal when you take your first dose of SUBOXONE, the medication will make you feel noticeably better, not worse.

2. **How does SUBOXONE work?**
   SUBOXONE binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

3. **When will I start to feel better?**Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

4. **How long will SUBOXONE last?**
   After the first hour, many people say they feel pretty good for most of the day. Responses to SUBOXONE will vary based on factors such as tolerance and metabolism, so each patient's dosing is individualized. Your doctor may increase your dose of SUBOXONE during the first week to help keep you from feeling sick.

5. **Can I go to work right after my first dose?**
   SUBOXONE can cause drowsiness and slow reaction times. These responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people *do* go to work right after their first SUBOXONE dose; however, many people prefer to take the first and possibly the second day off until they feel better.

   If you are concerned about missing work, talk with your physician about possible ways to minimize the possibility of your taking time off (eg, scheduling your Induction on a Friday).

6. **Is it important to take my medication at the same time each day?**
   In order to make sure that you do not get sick, it is important to take your medication at the same time every day.

7. **If I have more than one film, do I need to take them together at the same time?**
   Yes and no—you *do* need to take your dose at one "sitting," but you do *not* necessarily need to fit all the film under your tongue simultaneously. Some people prefer to take their film this way because it's faster, but this may not be what works best for *you*. The most important thing is to be sure to take the full daily dose you were prescribed, so that your body maintains constant levels of SUBOXONE.

8. **Why does SUBOXONE need to be placed under the tongue?**
   There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows SUBOXONE to be absorbed quickly and safely through these veins as the film dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver.

Similarly, if the medication is not allowed to dissolve completely, you won't receive the full effect.

9. **Why can't I talk while the medication is dissolving under my tongue?**

   When you talk, you move your tongue, which lets the undissolved SUBOXONE "leak" out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time to pass more quickly.

10. **Why does it sometimes only take 5 minutes for SUBOXONE to dissolve and other times it takes much longer?**

    Generally, it takes about 5-10 minutes for a film to dissolve. However, other factors (eg, the moisture of your mouth) can effect that time. Drinking something before taking your medication is a good way to help the film dissolve more quickly.

11. **If I forget to take my SUBOXONE for a day will I feel sick?**

    SUBOXONE works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, *unless* it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.

    In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your SUBOXONE.

12. **What happens if I still feel sick after taking SUBOXONE for a while?**

    There are some reasons why you may still feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell Dr. Schwartz, MD or Eryn, RN if you still feel sick.

13. **What happens if I take drugs and then take SUBOXONE?**

    You will probably feel very sick and experience what is called a "precipitated withdrawal." SUBOXONE competes with other opioids and will displace those opioid molecules from the receptors. Because SUBOXONE has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

14. **What happens if I take SUBOXONE and then take drugs?**

    As long as SUBOXONE is in your body, it will significantly reduce the effects of any other opioids used, because SUBOXONE will dominate the receptor sites and block other opioids from producing any effect.

15. **What are the side effects of this medication?**

    Some of the most common side effects that patients experience are nausea, headache, constipation, and body aches and pains. However, most side effects seen with SUBOXONE appear during the first week or two of treatment, and then generally subside. If you are experiencing any side effects, be sure to talk about it with your doctor or nurse, as s/he can often treat those symptoms effectively until they abate on theirown.

# EXPLANATION OF 1ST VISIT—No Drugs are kept at this office!!

SUBOXONE® **WILL BE PRESCRIPTION ONLY**

- Your 1st visit can last anywhere around 1 hour.
- It is very important to arrive for your first visit on time and be prepared to answer a battery of questions.
- Bring **ALL** medication bottles with you to your 1st appointment.
- Before you can be seen by the doctor, all of your paperwork must be completed, so bring all your completed forms with you or arrive about 30 minutes early.
- Urine drug screening is a regular feature of SUBOXONE therapy, because it provides physicians with important insights into your health and your treatment. Your 1st visit may include urine drug screening and blood work. If you haven't had a recent physical exam, your doctor may require one. To help ensure that SUBOXONE is the best treatment option for you, your doctor will perform a substance dependence assessment and mental status evaluation. Lastly, you and your doctor will discuss SUBOXONE and your expectations of treatment.

**Urine drug screens will be done on each new patient, after that, they will be randomized by the screening lab or when there is suspicion of miss-use of the suboxone. If patient has a dirty drug screen, there will always be random drug screens to follow. Dirty drug screen is defined as: urine that is negative for suboxone or positive for illegal substances.**

All randomized drug screens will follow the same procedure, whether it is for dirty drug screen or just a random screen.

1. The patient is responsible for a fee of $45.00, if filing to insurance, there will not be a co-pay.

2. The patient will be notified the morning of the random screen and will have to arrive the same day at either SMG no later than 4pm and ask for an MA or you can go to Immediate Care (Shady Lane only) no later than 7pm. You may have to wait on the immediate care side as patients are seen according to severity of problem.

**No further prescriptions will be written until the random urine is collected. Two dirty urines will result in automatic dismissal.**

***It is imperative that this clinic has functioning contact phone numbers; it is the responsibility of the patient to notify the clinic of any changes to their contact phone numbers. The clinic will make 2 attempts to contact the patient for the collection of random drug screens. The patient will need to make sure they can be reached. Failure to respond to the call for random urine screening will be considered dirty urine.**

After this portion of your visit is completed, your doctor will give you a SUBOXONE prescription for no more than 2 strips.

The subsequent appointments will be slotted as a 1 complaint visit, meaning only addiction treatment will be discussed on that visit.

No medical problems will be addressed at the suboxone appointment. If the addiction therapy patient is an established medical patient, they will need another appointment scheduled for other complaints. If they are not an established medical patient, they must satisfy all the requirements and be taken under consideration, before they are accepted by this practice as a medical patient.

Please read the patient contract and it will shed light on what is acceptable behavior and what is not tolerated.

**CHECKLIST FOR 1ST VISIT:**

☐ Arrive 30 minutes prior to appointment time

☐ Arrive with a **full bladder**

☐ Complete **forms**

☐ Bring **ALL medication bottles**

☐ **Fees due** at time of visit (cash or check)

☐ If you are a female, and currently menstruating, you will need to bring proof of prescription contraception (ie. Injection, pills, ring, etc)

# EXPLANATION OF 2nd Visit—INDUCTION

SUBOXONE® **WILL BE PRESCRIPTION ONLY**

- You will want to pick up the Suboxone that Dr. Schwartz prescribed for you and bring with you to this appointment.
- Your induction may last around 1 to 3 hours.
- When preparing for your induction visit, there are a couple of logistical issues you may want to consider.
  - You may not want to return to work after your visit—this is very normal, so just plan accordingly
  - Because SUBOXONE can cause drowsiness and slow reaction times, particularly during the 1st few weeks of treatment, driving yourself home after the 1st visit is generally not recommended, so you may want to make arrangements for a ride home

It is very important to arrive for your induction visit on time.

# PATIENT INTAKE: MEDICAL HISTORY

(To be completed by patient)

Use the opposite side of the page as necessary to complete your answers. **Please print legibly**.

Name_____

Address _____

Phone (w) _____ (h) _____ (c) _____

DOB _____ Age_____ SS# _____

Emergency Contact _____

Relationship to patient Phone _____

Primary care physician Phone _____

Date of last physical _____ Have you ever had an EKG? Y/N, if Yes, Date _____

**Do you currently have or have had problems with the following symptoms in the past 12 months?**

**✓ Check all boxes that apply**

- ☐ Appetite Changes
- ☐ Back Trouble
- ☐ Balance/ Coordination
- ☐ Blackouts/Fainting
- ☐ Bleeding/Bruising
- ☐ Bowel Changes
- ☐ Breast Lump
- ☐ Chest Pain
- ☐ Confusion
- ☐ Convulsions/Seizures
- ☐ Caffeine Use ⇩
  Frequency ____/Day
- ☐ Depression
- ☐ Dizziness
- ☐ Ears/Hearing
- ☐ Eyes/Vision
- ☐ Excessive Fatigue
- ☐ Excessive Thirst
- ☐ Fever/Sweats/Chills
- ☐ Frequent Cough
- ☐ Glands/Hormones
- ☐ Headaches
- ☐ Alcohol Use ⇩
  Frequency ____/Day
- ☐ Joint Pain/Stiffness
- ☐ Memory Loss
- ☐ Mole Changes
- ☐ Muscle Weakness
- ☐ Nausea/Vomiting
- ☐ Nervousness/Anxiety
- ☐ Numbness/Tingling
- ☐ Palpitations
- ☐ Rectal Bleeding
- ☐ Sexual Difficulty
- ☐ Tobacco Use ⇩
  Frequency ____/Day
- ☐ Shortness of Breath
- ☐ Sinus
- ☐ Skin Infections
- ☐ Skin Rash
- ☐ Sleep Changes
- ☐ Stomach/Indigestion
- ☐ Throat
- ☐ Urinary Problems
- ☐ Weight Gain/Loss
- ☐ Wheezing
- ☐ Street Drug Use ⇩
  Frequency ____/Day

**FEMALE ONLY**

- ☐ Abnormal Pap Smear
- ☐ Bleeding Between Periods
- ☐ Menstrual Pain
- ☐ Painful Intercourse
- ☐ Hot Flashes
- ☐ Nipple Discharge
- ☐ Vaginal Discharge

**MALE ONLY**

- ☐ Erection Difficulties
- ☐ Lump in Testicles
- ☐ Penis Discharge
- ☐ Prostate
- ☐ Sore on Penis

**Have you or a family member ever had any of the following?**

**Circle "S" for self or "F" for a Family Member (i.e. Mother, Father, Sibling, and Grandparent)**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| AIDS or HIV + | S | F | Eye Disease | S | F | Multiple Sclerosis | S | F |
| Alcoholism | S | F | Glaucoma | S | F | Osteoporosis | S | F |
| Arthritis | S | F | Head Injury | S | F | Pacemaker | S | F |
| Asthma/Allergies | S | F | Heart Disease | S | F | Parkinson Disease | S | F |
| Bladder Disease | S | F | Hepatitis | S | F | Psychiatric Care | S | F |
| Blood Disorders | S | F | High Blood Pressure | S | F | Respiratory Problems | S | F |
| Broken Bones | S | F | High Cholesterol | S | F | Rheumatic Fever | S | F |
| Bulimia | S | F | Kidney Problems | S | F | STD | S | F |
| Cancer | S | F | Liver Disease | S | F | Stomach Problems | S | F |
| Chem. Dependency | S | F | Low Blood Pressure | S | F | Stroke | S | F |
| Depression | S | F | Migraine Headaches | S | F | Suicide Attempt | S | F |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Diabetes | S | F | Mononucleosis | S | F | Thyroid Problems | S | F |
| Emphysema | S | F | Muscular Dystrophy | S | F | Tuberculosis | S | F |
| Epilepsy | S | F | | | | | | |

**Please List Current Medications:** _____

**Please List All Known Allergies:** _____

**Please List Major Surgeries/Hospitalizations:** _____

Is there a family history of anything NOT listed here? (Please explain)_____

_____

_____

**MD NOTES**_____

_____

Have you ever had **surgery** or been **hospitalized**? (Please describe) _____

_____

_____

_____

**MD NOTES**_____

_____

**Childhood Illnesses:**

Measles ❑ **N** ❑ **Y** Mumps ❑ **N** ❑ **Y** Chicken Pox ❑ **N** ❑ **Y**

Have you or a family member ever been diagnosed with a **psychiatric** or **mental illness**? (Please describe)_____

_____

Have you ever taken or been prescribed **antidepressants**? Y / N For what reason_____

Medication(s) and dates of use _____ Why Stopped _____

_____

Please list all current **prescription medications** and how often you take them (example: Dilantin 3x/day). DO NOT include medications you may be currently misusing (that information is needed later)_____

_____

_____

Please list all current **herbal medicines**, **vitamin supplements**, etc. and how often you take them

_____

**MD NOTES** _____

_____

Please list any **allergies** you have (penicillin, bees, peanuts)_____

**MD NOTES**_____

_____

**Tobacco History**

**Cigarettes**: Now? ❑ N ❑ Y In the past? ❑ N ❑ Y

How many per day on average? _____ For how many years? _____

**Pipe**: Now? ❑ N ❑ Y In the past? ❑ N ❑ Y

How often per day on average? _____ For how many years? _____

Have you ever been **treated for substance misuse**? Y / N, if Yes, Date_____ (Please describe when, where and for

how long) _____

How long have you been **using substances?** _____

**Please answer the following questions honestly, we are not here to judge you, and it is important that we know what you use so we can plan your treatment accordingly:**

How much money are you spending a day on your drugs/meds?$_____ a week _____

How are you obtaining the money to pay for your addiction?_____

_____

How do you plan to pay for the Suboxone treatment?_____

_____

## Substance Use History

| | NO | Yes/Past Or Yes/Now | Route | How Much | How Often | Date/Time Of Last Use | Quantity Last Used |
|---|---|---|---|---|---|---|---|
| Alcohol | | | | | | | |
| Caffeine (Pills or beverages) | | | | | | | |
| Cocaine | | | | | | | |
| Crystal Meth- | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Amphetamine | | | | | | | |
| Heroin | | | | | | | |
| Inhalants | | | | | | | |
| LSD or Hallucinogens | | | | | | | |
| Marijuana | | | | | | | |
| Methadone | | | | | | | |
| Pain Killers | | | | | | | |
| PCP | | | | | | | |
| Stimulants (pills) | | | | | | | |
| Tranquilizers/ Sleeping Pills | | | | | | | |
| Ecstasy | | | | | | | |
| Other | | | | | | | |

Did you ever stop using any of the above because of dependence? (Please list) _____

_____

_____

What was your longest period of abstinence?_____

What are your expectations of Suboxone therapy?_____

Do you think Suboxone is a miracle drug? Yes___ No___

Do you understand that this treatment requires dedication and effort from you? Yes___ No___

What are your major concerns about taking Suboxone and being successful?_____

_____

**MD NOTES** _____

_____

_____

_____

_____

**Schwartz Medical Group**
9735 Shady Lane Suite 103
Tigard, OR 97223
P: (503) 597-7008
F: (503) 597-5078

## CONSENT TO RELEASE/RECEIVE CONFIDENTIAL INFORMATION

I _____/ _____authorize Benjamin J. Schwartz, MD to:
Patient Name (Print) Date of Birth

**Check all that apply:**

- ❑ Receive my medical history information from the following physicians:
  (name, address, phone)_____
  (name, address, phone)_____

- ❑ Receive my treatment records from the following therapist
  Therapist (name, address, phone)_____

- ❑ Release my treatment information/records to the following healthcare professional
  (name, address, phone)_____

- ❑ Release my treatment information to the health insurance company listed below for billing purposes
  Insurance Provider (name, address, phone)_____
  _____

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken in reliance on it.

**I understand that the records to be released may contain information pertaining to psychiatric treatment and/or treatment for alcohol and/or drug dependence. These records may also contain confidential information about communicable diseases including HIV (AIDS) or related illness. I understand that these records are protected by the Code of Federal Regulations Title 42 Part 2 (42 CFR Part 2) which prohibits the recipient of these records from making any further disclosures to third parties without the express written consent of the patient.**

I acknowledge that I have been notified of my rights pertaining to the confidentiality of my treatment information/records under 42 CFR Part 2, and I further acknowledge that I understand those rights.

| _____ | _____ | _____ |
|---|---|---|
| Patient Signature | Printed Name | Date |
| _____ | _____ | _____ |
| Witness Signature | Witness Name (Print) | Date |

**Confidentiality of Alcohol and Drug Dependence Patient Records**

The confidentiality of alcohol and drug dependence patient records maintained by this practice/program is protected by federal law and regulations. Generally, the practice/program may not say to a person outside the practice/program that a patient attends the practice/program, or disclose any information identifying a patient as being alcohol or drug dependent unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice/program evaluation.

Violation of the federal law and regulations by a practice/program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the practice/program or against any person who works for the practice/program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

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# PATIENT TREATMENT CONTRACT

**Patient Name_____ Date _____**

As a participant in suboxone treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all my scheduled appointments.
   - **If you are more than 10 minutes late for your appointment, you may be asked to reschedule.**

     **If you are unable to keep a scheduled appointment, we ask that you call a <u>minimum of 24 hours in advance</u>. You will be allowed only one rescheduling and you must be scheduled within the next 7 days.**

2. I agree to adhere to the payment policy outlined by this office.

   • Those with verified insurance will pay their co-pay (except for initial interview), non-insured will pay cash payment of

   1) $145.00 for initial interview (one-time cash pay only)
   2) $395.00 for consultation visit.
   3) $275.00 for induction
   4) $145 for any and all subsequent apts.

   • You cannot be seen without payment.
   • If you do not want to file to your insurance, you must sign a form stating this fact.

3. I agree to conduct myself in a courteous manner in the doctor's office and not cause any upsets.

4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.

5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office, this is automatic dismissal without appeal.

6. I understand that if dealing, stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my Suboxone is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.

7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit will result in my not being able to get my medication/prescription until the next scheduled visit. Two missed appointments will result in automatic dismissal without appeal.

You may reschedule an appointment **one** time and you must be scheduled within the next **7** days.

8. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost, there will never be a replacement prescription given.

9. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.

10. I understand that mixing Suboxone with other medications, especially benzodiazepines (for example, Valium®*, Klonopin®†, or Xanax®‡), can be dangerous. I also recognize that several deaths have occurred among persons mixing Suboxone and benzodiazepines.

11. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.

12. I agree to randomize drug screen. The randomized testing will be initiated by this clinic. You will need to arrive the same day at either SMG no later than 4pm or you can go to Immediate Care (at Shady Lane only) no later than 7pm. You may have to wait on the immediate care side as patients are seen according to severity of problem. I also agree that **two** dirty drug screens will result in automatic dismissal without appeal. Dirty drug screen is defined as:

    - Urine test positive for any illegal or controlled substances.
    - Urine test negative for suboxone.
    - Failure to show up when called for a randomized drug screen

    **On your first dirty drug screen, a repeat random urine will be required, you will be given the same window of time to report to the office for collection of the urine, this urine test will be an additional $45.00 cost for you to pay, and no further prescription will be written until this repeat urine is collected and evaluated.**

13. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

14. I agree if I have **one** dirty drug screen, I will be required to attend group meetings before my next appoint and bring a signed statement of proof of attendance before I receive my next prescription. If I refuse, this will result in immediate dismissal without appeal.

15. I agree that I am only seen at this clinic for addiction therapy and if I wish to become a medical patient, I will have to meet all the requirements for a new patient. There is no guarantee that I will be accepted.

16. I agree that at any time the patient/doctor relationship can be dissolved and I would need to find another provider.

_____ Date of Birth: _____

Patient Signature

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## Insurance Filing Refusal Form

**I _____am requesting that my treatment for addiction not be filed to my insurance. I do, however want my visits for medical conditions to be filed.**

**Signature _____date____ /____ /____**

**Witness _____ date____ /____ /____**

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## APPOINTED PHARMACY CONSENT

I _____ do hereby: (**MD check all that apply**)

Patient Name (Print)

☐ Authorize _____ at the above address to disclose my treatment for opioid

Physician Name (Print)

dependence to employees of the pharmacy specified below. Treatment disclosure most often includes, but may not be limited to, discussing my medications with the pharmacist, and faxing/calling in my buprenorphine prescriptions directly to the pharmacy.

☐ Agree to allow pharmacist to contact physician listed above to discuss my treatment if necessary so that my buprenorphine prescriptions can be filled and either delivered to the office addressed given above or picked-up by employees of the same.

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken in reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

I understand that the records to be released may contain information pertaining to psychiatric treatment and/or treatment for alcohol and/or drug dependence. These records may also contain confidential information about communicable diseases including HIV (AIDS) or related illness. I understand that these records are protected by the Code of Federal Regulations Title 42 Part 2 (42 CFR Part 2) which prohibits the recipient of these records from making any further disclosures to third parties without the express written consent of the patient.

I acknowledge that I have been notified of my rights pertaining to the confidentiality of my treatment information/records under 42 CFR Part 2, and I further acknowledge that I understand those rights.

_____ _____

Patient Signature Date

_____ _____

Witness Signature Date

**Appointed Pharmacy:** Name_____

Phone_____Address_____

## Schwartz Medical Group

9735 Shady Lane Suite 103
Tigard, OR 97223
P: (503) 597-7008
F: (503) 597-5078

## Material Risk for Pregnancy

**(female patients only)**

### Suboxone is a Pregnancy Category C:

Teratogenic effects: (a drug or other substance capable of interfering with the development of a fetus, causing birth defects) SUBOXONE: Effects on embryo-fetal development were studied. No definitive drug-related teratogenic effects were observed in animals except for acephalus (a headless fetus) and miscarriage.

There are no adequate and well-controlled studies of SUBOXONE in pregnant women.

Neonatal Withdrawal:
Neonatal withdrawal has been reported in the infants of women treated with SUBUTEX during pregnancy. Adverse events associated with neonatal withdrawal syndrome included hypertonia, neonatal tremor, neonatal agitation, and myoclonus (an abrupt spasm or twitch of a muscle or group of muscles). There have been rare reports of convulsions, apnea and bradycardia were also reported.

Nursing Mothers:
Breast-feeding is therefore not advised in mothers treated with SUBOXONE.

I _____ agree that I have read the above and agree that I am
Patient Name

on/or will begin taking _____ while on Suboxone treatment at this
name of contraception

clinic. I also understand that I will have to take a HCG (pregnancy test) to prove that I am not pregnant prior to beginning Suboxone. If I think I am pregnant or may be pregnant, it is responsibility to inform my doctor immediately and at any time during my treatment of suboxone.

_____
Patient signature

## Counseling Options

1) www.suboxone.com - Here to Help Program

2) **Narcotics Anonymous** – www.na.org Click on "Find a Meeting", go to Option #1 for phone and individual websites and Option #2 for meetings in your zip code.

3) **Lifeline Connections**
1601 E. Fourth Plain Blvd.
Bldg. 17, STE. A212
Vancouver, WA. 98661
(360) 397-8246

Do a 2 hour assessment with a counselor $125.00. They do accept insurance. Counselor will decide if you need to go to 1,2,3 or 4 group meetings a week, and will also have one-on-one meetings.

4) **Counselors**:

**Mark Hanson, MA, LMFT (****our top choice****)**
Psychotherapist

0224 SW Hamilton St.
Portland, OR 97239
(971) 219-3695
mark@markjhansen.com

**Schwartz Medical Group**

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**Forms Received**

I have received the following forms:

1) Patient Treatment Contract
2) Explanation of 1st Visit
3) Explanation of Induction
4) Consent to Release/Receive Confidential Information
5) Patient Intake Medical History
6) Appointed Pharmacy Consent
7) Maternal Risk for Pregnancy (female patients only)
8) Support Group Information

Signed _____ Date ___/___/___

Witnessed _____ Date ___/___/___