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BUPRENORPHINE TREATMENT AGREEMENT

The following items are important to review, and by initialing you agree that you have read/discussed and understand each item:

**About Buprenorphine**

\_\_\_\_ Buprenorphine is a medication used to treat people with addiction to opioids, and can also be used "off label" (meaning it has not been approved by the FDA) to treat pain.  It can replace the drug you are abusing/using to prevent withdrawal and cravings, while reducing side effects of other opioids.  Like other opioids, you will feel withdrawal sickness if you stop taking it suddenly.

\_\_\_\_ Buprenorphine does not directly help with abuse of alcohol or other drugs such as cocaine or amphetamines.

\_\_\_\_ Buprenorphine treatment is flexible and can be used as long as needed depending on your goals and risk factors.  You will decide with the doctor on length of treatment.

\_\_\_\_ Buprenorphine is a treatment tool, but you are required to make other efforts to get better as well.  This includes counseling or 12-step programs, or alternative treatments to treat underlying causes of pain if applicable.

\_\_\_\_ Buprenorphine will only work if you leave it under your tongue and let it completely dissolve.  Do not eat or drink while taking it or it will not work.

\_\_\_\_ Common side effects are constipation and feeling tired or sleepy.  This can affect your ability to drive and operate machinery, or perform any crucial tasks.  If this is an issue you must notify the doctor immediately and not continue those activities.

\_\_\_\_ Buprenorphine can sometimes harm the liver, so you should have liver function tested by your primary care physician at the start of treatment and in the future if indicated.

\_\_\_\_ Taking buprenorphine with alcohol or other sedatives (sleep medications or benzodiazepines like Klonopin, Valium, or Xanax) can be deadly.  Using any sedatives should only be done with the permission of your doctor.

\_\_\_\_ If others take buprenorphine when it is not for them, they could become very sick or die (especially children).  You must be able to keep this locked up or secured to avoid others from obtaining it, and call 911 if someone else does take your medication.

\_\_\_\_ If you take buprenorphine while on other opioid medication (such as oxycodone or hydrocodone) you may suffer severe withdrawal sickness.  You must tell the doctor if you are on any other opioid drugs or medications.

\_\_\_\_ Since this medication blocks the effects of other opioid pain medications, you should notify all doctors that you take this medication (especially around emergencies, surgery, or dental/medical procedures).  Good planning will help avoid problems.

\_\_\_\_ This medication is not approved for, and may be a danger to, pregnant women and their babies.  If you are pregnant or planning to get pregnant, ask the doctor about treatment options.

\_\_\_\_ Buprenorphine treatment is not the best choice for everyone.  Other options include:

* Methadone maintenance, where patients go to a program and get methadone every day to help prevent withdrawal sickness and drug abuse.
* Inpatient detoxification, where patients are admitted to a hospital or treatment program and receive treatment for withdrawal sickness for a few days.
* Outpatient counseling, where patients can go to treat drug abuse without the use of medication.
* Residential treatment, where patients work on recovery skills while living away from home with other patients recovering from addiction.

**About this Clinic**

\_\_\_\_ Patients agree to work to find the lowest dose possible with the help of the doctor to reach their goals.

\_\_\_\_ Patients agree to keep all scheduled appointments, and prescriptions will be filled only during scheduled office visits.

\_\_\_\_ If you sell or share this medication with others for any reason, your treatment will stop immediately and forever.  Proper referral to another program will be made.

\_\_\_\_ If you are disrespectful or inappropriate to any member of this clinic, your treatment will stop immediately and forever.  Proper referral to another program will be made.

\_\_\_\_ Patients agree to use only one pharmacy for medications.

\_\_\_\_ Patients agree to present for drug testing and/or counting of remaining pills within 24 hours of being called.  Any missed test will be considered as positive for drug use.

I have reviewed this form and discussed it with the doctor, and asked any questions that I had.  I would like to:

\_\_\_\_ start buprenorphine treatment at this clinic.

\_\_\_\_ consider, or be referred to, another treatment.

Name: Birth Date:

Signature: Date:

Provider statement:

I have reviewed the above information with this patient and believe they understand the potential risks and benefits of buprenorphine treatment.

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Dr. Daniel Hochman                     Date