**Patient Treatment Contract**

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

*As a participant in medication treatment for either opioid misuse and dependence, I freely and voluntarily agree to accept the treatment contract as follows:*

I am requesting that my doctor (Dr. Michelle Kuster) provide buprenorphine/naloxone treatment for my addiction. I freely and voluntarily agree to accept this treatment agreement, as follows:

I agree to keep, and be on time to, all my scheduled appointments at Connexion Point Inc. It is my responsibility to schedule all necessary appointments to meet obligations of my treatment plan. If the treatment plan is not followed I may be discharged from the program. A 24 hours’ notice should be given if any appointment is needed to be cancelled. I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed visits may result in my not being able to get medication until the next scheduled visit.

I agree to conduct myself in a courteous manner in the physician’s or clinic’s office.

I agree to pay all fees for this treatment as agreed upon in the electronic payment agreement. I understand that this medication will cost between $5-$10 per dose just for medication and that the office visits are a separate charge. Any lapse in program payments will result in suspension from the program and confiscation of existing medication held at office.

I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment. I agree to notify Connexion Point Inc. immediately in case of a relapse to drug abuse.

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 recourse for appeal.

I understand that the use of buprenorphine/naloxone (Suboxone) by someone who is addicted to opioids could cause them to experience severe withdrawal.

I agree not to deal, steal, or conduct any other illegal or disruptive activities in or in the vicinity of the doctor’s office.

I agree to comply with the required medication counts. Medication should be brought to the office for all appointments, including counseling and small groups. Medication counts are a mandatory part of program maintenance.

I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. This medication can be harmful to children, guests, and other household members. I agree that lost/stolen medication will not be replaced regardless of the reasons for such loss.

I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone (Suboxone) with other medications, especially benzodiazepines, such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide) , Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.

I agree to take my medication only as the doctor, and his/her assistant has instructed, and not to alter the way I take my medication without first consulting the doctor. Any non-compliance with the dosage plan can result in removal from the program.

I understand the medication alone is not sufficient treatment for my disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my treatment.

I agree to comply with the required drug screens. Drug testing is a mandatory part of program maintenance due to the nature of the program and the requirement of random Urine Drug Screens and need to verify compliance to the program, I understand that if I am contacted and a message is left, I am to respond within 12 hours and I am to be seen in the office within 24 hours or my treatment program may be in jeopardy.

Several modes of contact information must be provided Connexion Point Inc. and Dr. Kuster including an individual for emergency contact and contact numbers for that individual. Current phone information, a backup phone contact, and Email information must be provided to Connexion Point Inc. to facilitate communication. It is the program participant’s responsibility to inform Connexion Point Inc. of any and all changes to this contact information.

Dr. Kuster under this agreement agrees to provide treatment under the confines of the Suboxone program for treatment of addiction. You also need to have a relationship with a primary care provider for your medical care. Dr. Kuster will is treating your disease of addiction and will not treat other medical problems such as tooth problems, headaches, infection, hypertension. She would be able to treat tobacco addiction with Rx Chantix is you wish. If you have no primary care provider and use All Access Care as your primary care provider these visits are provided at an additional cost ($80) as they are not included in the scope of the Suboxone program. If you have Medicaid, Medicare or other government based insurance, All Access Care will not be able to manage you health care.

Suboxone program billing and payment will be conducted through the billing office located in the lower level. Each client is expected to pay intake of $230 on the first appointment and prior to meeting with Dr. Kuster. Additional payment of $100 per month will begin the first of the month and will be paid at once or weekly prior to receiving your weekly Rx. Additional charges of random UDS at a cost of $30 are not included in the monthly maintenance fee ($100). All payments for service are expected to be received any further service which includes your weekly Rx. Failure to complete the program and leave with an outstanding balance may jeopardize any in office Rx left until full payment is completed as well as need to have updated negative UDS to ensure the safety of taking the prescribed Rx.

There is no smoking on the grounds of All Access Care Clinic, this includes e-cigarettes.

Medication doses and forms of administration vary from patient to patient and are customized for each situation and patients’ needs by the provider. Discussion about specific meds and dosages should not occur during group counseling as each treatment plan is individualized for each situation and patient. Failure to comply with this rule will place your program at risk for dismissal.

Any contact to the program needs to be made to the following phone: 231.690.7921. The staff at All Access Care does not have access to your records and therefore cannot make appointments or make changes in the schedule. All correspondence must be with the Clinical Coordinator at 231.690.7921

**Support Person Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Person Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current E-mail for Communication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_