THE BIRMINGHAM PAIN CENTER
4515 Southlake Parkway, Suite 200
Hoover, AL 35244

Phone: 205-313-PAIN (7246)
Fax: 205-939-1911
www.birminghampain.com

Buprenorphine Treatment Program Informed Consent and Treatment Agreement

I understand I have been accepted, and chosen to take part in The Birmingham Pain Center's Buprenorphine Treatment Program. The reason this program has been recommended is because I have demonstrated behavior consistent with, and have been diagnosed, with opiate use disorder. I understand that I have failed to be compliant with my previous treatment plan, and I am being treated with a **ZERO TOLERANCE POLICY**, i.e. any violations of this agreement will result in immediate discontinuation of treatment and discharge from the program. This document's purpose is to provide informed consent and outline the terms of the agreement.

Informed Consent:

1. Buprenorphine is a medication approved by the Food and Drug Administration (FDA) for treatment of people with opioid use disorder. Buprenorphine can be used for detoxification or for maintenance therapy. The goal of treatment of opiate dependency is to learn to live without abusing drugs. Buprenorphine treatment should continue as long as medically necessary to prevent relapse to opiate abuse/dependence.
2. It has been explained to me and I understand that Buprenorphine itself is an opiate drug, although a partial agonist, it can still produce physical dependency in non-opiate dependent patients. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.
3. I understand that I am dependent on opiates, and I should be in as much withdrawal as possible when I take the first dose of buprenorphine. If I am not in sufficient withdrawal, buprenorphine may cause significant opioid withdrawal and physical discomfort. For that reason, if I am not in the appropriate withdrawal stage as determined by my provider, I may have to return at a later date or time to obtain the first dose of Buprenorphine medication.
4. 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 I am stabilized on buprenorphine, I understand that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose.

Treatment Agreement

5. I agree to take Buprenorphine only as prescribed. I will not take more than prescribed, unless explicitly authorized to do so by my treating physician. I agree not to share, sell, or trade my medicine or take other people's medication.
6. I agree not to take any other pain medications or any benzodiazepines (Xanax, Klonopin, Valium, Ativan, Resotril, etc.) with Buprenorphine without prior permission from my provider as the combination may result in harmful consequences including **DEATH**.
7. I agree to abstain from alcohol while I am in this treatment program.

THE BIRMINGHAM PAIN CENTER
4515 Southlake Parkway, Suite 200
Hoover, AL 35244

Phone: **205-313-PAIN (7246)**
Fax: 205-939-1911
www.birminghampain.com

8. I agree to abstain from illicit drug use (including Marijuana) while I am in this treatment program.
9. I agree to come in for an evaluation every 1-2 week until stabilized, and once every month thereafter. The exact frequency of visits is determined solely by the treating physician.
10. I agree that if I miss my appointment, I will not be prescribed any further medicine until I am seen.
11. I understand that prescriptions will be filled Monday – Thursday only. We will not refill or prescribe medications after business hours or on the weekends (including Fridays). I understand that if I need a prescription change for any reason, it will take a minimum of one (1) full business day to address, and I should not expect anything the same day.
12. I understand that I will be required to attend AA/NA meetings (with proof of attendance) and/or group or individual therapy here at The Birmingham Pain Center, at a minimum of once a month.
13. I agree that my treating physician and staff may and will contact and obtain records from any other licensed professionals to coordinate my care under HIPAA guidelines.
14. I understand that I am required to leave my untampered/unaltered urine specimen for drug testing at every visit. This ensures you are taking only the medication you are prescribed and no illicit drugs or alcohol.
15. I understands that I am required to bring my medication to every visit for a pill count.
16. I understand that I will be required at any time with short notice to bring in my medication for my Buprenorphine provider to inspect, count and/or destroy. If I do not show or have the appropriate number of pills, I may be discharged. I may never dispose of Buprenorphine myself without a staff member as a witness.
17. I will safeguard my written prescription and medication from loss, damage or theft. We recommend a lock box especially for those with children. Lost, stolen or damaged prescriptions/medications may be replaced at the provider's discretion. If replaced, no prior authorization will be completed and you will be responsible for any prescription costs in such cases.
18. I authorize the Buprenorphine provider and my pharmacy to cooperate fully with any city, state, or federal law enforcement agency, including the state of Alabama Board of Pharmacy and the DEA, in the investigation of any possible misuse, prescription forgery, sale or any other diversion of my medication.
19. To prevent any issues such as missing, damaged, incorrect, or illegible prescriptions, I agree to have the Buprenorphine prescription be sent ONLY to a pharmacy that accepts ELECTRONIC submission of controlled substances and that reports their data to the Alabama Prescription Drug Monitoring Program (AL PDMP). I will have all my medications filled only at the pharmacy I have listed below. I will inform my Buprenorphine provider of any pharmacy changes.
20. I understand that rude or disrespectful treatment of staff is not tolerated (Ex: using profanity, raising my voice, making vulgar or inappropriate comments).
21. [For women of childbearing potential] I agree to tell my physician if I become pregnant or even think I may be pregnant.
22. I understand that I must provide a viable contact number at all times (and will update the office of any changes) or my provider may not prescribe medications.
23. I understand the commitment to the program and the many appointments, therefore transportation cannot be an issue or a reason for short notice cancellations or no show appointments.

THE BIRMINGHAM PAIN CENTER
4515 Southlake Parkway, Suite 200
Hoover, AL 35244

Phone: **205-313-PAIN (7246)**
Fax: 205-939-1911
www.birminghampain.com

24. I understand that my prescription will need to be filled immediately following my appointment while our staff is still available to take care of any questions or issues at the pharmacy.
25. I understand that this program is being provided on a trial basis only. The Birmingham Pain Center and its physicians reserve to right to discontinue the program at any time. I also understand that while Buprenorphine treatment is typically covered by many insurance carriers, it is my responsibility to make sure Buprenorphine treatment and the medication is covered, as there is no alternative medication treatment that will be offered to me.

Alternatives to buprenorphine

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 opiate like medications. Other forms of opioid maintenance therapy include methadone maintenance. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own.

I have read and understand the above details about buprenorphine treatment and I wish to be treated with buprenorphine. I have been given the opportunity to have any questions addressed regarding the above. I understand that if I violate any portion of the treatment agreement, I will be discharged from the treatment program immediately.

Name:_____

Pharmacy: _____ Town:_____ Phone:_____

Primary Care Provider: _____ Town: _____ Phone: _____

Signature: _____ Date: _____

Witness:_____

Provider Name and Signature: _____