

Clinic Rules

1. I agree to take medications as prescribed to me by my healthcare team.
2. I understand that I must take any medication I receive as directed and follow all instructions about its proper use as directed by my healthcare team.
3. I understand that any medications I receive must be protected from theft or unauthorized use. I understand they must be stored safely and securely where it will not be accessed by children, pets or stolen from others. In the event that my medications are stolen, I will file a police report and provide a copy to my healthcare team. I agree to take full responsibility for safekeeping of medications. Lost or stolen medications may not be refilled before the date it was due unless my healthcare team is provided with a valid police report of the loss. I understand that my healthcare team reserves the right to refuse refills.
4. I will not operate a motor vehicle or heavy machinery until I know how any medications I receive will affect me.
5. I will inform my healthcare team of all other medications prescribed and non-prescribed that I am taking. I will also report any change in my medical history to my healthcare team.
6. I understand that mixing any medications I receive with alcohol or other sedatives (such as benzodiazepines) can be dangerous and may result in serious health effects including sedation, coma, and death. I agree to abstain from other sedatives while I am taking suboxone unless directed by my healthcare team.
7. I understand that I must not sell or share my medication with another individual. I understand that such behavior is a serious violation of this agreement and can result in my treatment being terminated without recourse to appeal.
8. I will not alter or forge my prescription. I understand the healthcare team may terminate my care immediately and will inform the pharmacy and legal authorities of this felony act.
9. I understand that I can only be prescribed refills of my medication as scheduled.
10. I agree to being seen on a regular basis, with the frequency of my visits to be up to my healthcare team members.
11. I understand that if I miss an appointment or need to reschedule an appointment for a later date, that my medications may not be refilled until the time of my scheduled appointment. I will let my healthcare team know as soon as possible that I will miss or be late for an appointment. I understand that repeated offenses of missed appointments without informing the clinic may result in my dismissal from treatment.
12. I understand that the healthcare team will be monitoring my compliance using regular drug screening procedures, failure to comply with drug screening testing may result in inability to initiate or refill my medications.
13. I understand that medications are one aspect of treatment for addiction. I understand that I will be required to participate in professional counseling as recommended by my healthcare team.
14. I understand that if I do not uphold this agreement I may be dismissed from the program.
15. I agree to conduct myself in a courteous manner with all healthcare team members, including physicians, nurses, nurse practitioners, and clinic staff.

Patient printed name:

Date:

Patient signature:
