

## General Information on Suboxone® Sublingual Film Treatment ~

Suboxone® Sublingual Film (consisting of Buprenorphine and Naloxone) is an FDA approved medication for the treatment of people with heroin or other opioid addiction. Any treatment should be initiated under the direction of physicians qualified under the Drug Addiction Treatment Act. Suboxone® Film can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including Methadone, Naltrexone, and some treatments without medications that include counseling, groups and psychosocial support.

***Effective immediately, Steinmann Suboxone® Clinic no longer prescribes Buprenorphine (Subutex®) and the Suboxone® Tablet due to a decision made by Reckitt Benckiser Pharmaceuticals Inc. as a precaution. If you were doing well on either the Subutex® Tablet or the Suboxone® Tablet, you can switch directly to Suboxone® Film. It is understood that there may be unique instances where the Film may not be in your (the patient's) best interest. If this be the case, we cannot guarantee the treatment you may be requesting and a referral is probable. This circumstance is very rare and will be taken into consideration as approved by our Physician. As such, additional rules are expected to be followed (i.e. weekly pill count, regular drug screening, etc.)***

You will be taking Suboxone® which is a combination of Buprenorphine and a short-acting opiate blocker (Naloxone). **It will maintain physical dependence**, and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take Suboxone®, as it could eventually cause physical dependence.

Some patients find that it takes several days to get used to the transition from the opiate to the Suboxone®. During this time, any other use of opiates may cause an increase in symptoms. After becoming stabilized on Suboxone®, it is expected that other opiates will have less of an effect. Attempts to override the Suboxone® by taking more opiates could result in an opiate overdose. You should not take any other medication without first discussing it with a physician.

We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them. **Combining Suboxone® with alcohol or other sedating medications is dangerous.** The combination of Suboxone® with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in death. Although sublingual Suboxone® has not been shown to be liver-damaging, or toxic, it is important to maintain your physical health through regular physical exams and laboratory testing with your primary care physician.

Suboxone® Film must be held under the tongue until the film dissolves completely. **It is important not to talk or swallow until the film dissolves.** This takes up to ten minutes. Suboxone® Film is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. *It will not be absorbed from the stomach if it is swallowed.* **If you swallow the film, you will not receive the main benefits of this medication, and it may not relieve your withdrawal.**

Most patients necessitate a daily dose of 8mg to 24mg of Suboxone®. Beyond that dose, the effects of Suboxone® Film plateau; there is generally no benefit to increase further. It may take several weeks to determine the appropriate dose for you. The first dose is generally 2 to 8 mg.

## Important Clinic Policies ~

**Office Hours:** By Appointment

**Treatment:** The primary purpose of this clinic is for the treatment of opiate dependence as prescribed by a physician. In addition to treatment, all patients are **required** to attend every or a regular group treatment.

**This policy is strictly enforced.**

- **Initial Evaluations:** \$250 (Includes any necessary check-up visits and intake policy – see below)
- **Follow-up:** \$150
- **Group Treatment:** \$25 a Session
- **Urine Testing:** \$20 (Drug Screening Test & Buprenorphine Panel)
- **Administrative Paperwork/Documentation:** \$50+ (Legal Documentation Varies in Cost)

**Intake Policy:** During your initial visit, it is Steinmann's policy to have all clients, regardless of their situation(s) and reasoning of attendance, undergo an 'intake' where basic information is reviewed, background is assessed, and a treatment plan will be formulated prior to meeting with your scheduled Steinmann doctor. This will help in assessing how we can more adequately meet your needs. We cannot guarantee treatments you may be requesting.

**Cancellation Policy:** Once an appointment is scheduled, you are expected to attend with payment, unless you provide a 24-hour advance notice to avoid a missed appointment charge. **A missed appointment charge is equivalent to the appointment charge which was missed (i.e. a follow-up appointment is \$150.00. A missed follow-up appointment fee is \$150.00). You will be charged for an appointment that is not cancelled with 24-hour notice, or if you do not come to your appointment. You will be expected to pay this fee within 7 business days.** As a courtesy, we may try and confirm upcoming appointments by phone or email. You are ultimately responsible for the appointments that you schedule.

**Group Treatment:** 1<sup>st</sup> & 3<sup>rd</sup> Tuesday of every month, from 4:30 – 6:00 pm at Steinmann Suboxone Clinic's current location. *(It is important to note that Group Treatment is likely to change in day and time.)* Patients must understand that this, too, is an ongoing part of their treatment. You are required and responsible to attend such group treatment. **The same cancellation policy outlined above applies (i.e. the Group Treatment charge is \$25.00 a session. A missed, scheduled group treatment appointment charge is \$25.00.)** If for whatever reason you are unable to attend group treatments held at Steinmann Suboxone Clinic, you will be expected to attend some form of professional therapy elsewhere; providing us with a **letter containing the name, location, date and time, as well as the physical signature of the professional conducting the session as proof of attendance.**

**Payment and Billing Policy:** **Payment is due on the day services are rendered; if and when payment is unavailable, the appointment will be rescheduled.** If your account is not paid in a timely manner and arrangements for payment have not been agreed upon, **a late fee of \$100.00** is applied to your account and legal means will take place to secure the payment. This will involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. In an event where you cannot afford your prescription, we will assist you in a Suboxone taper at a reduced rate, sliding scale fee, to avoid immediate withdrawal. This would essentially include one final prescription and termination from the clinic.

**Administrative Paperwork & Documentation Policy:** Extenuating circumstance may require our office to compose some administrative form of paperwork, letter, documentation in your behalf. If this is required, there will be an **administrational charge of \$50.00** or more, which is to be paid in full before you're able to receive the required paperwork. Legal paperwork varies in cost. If timing is an issue, and any form of administrative paperwork/documentation is needed day of notice, **an additional charge of \$50.00 is applied. No paperwork/documentation will be delivered until full payment has been made. No exceptions.**

**Emergency/After hours Service:** It is important to stay updated with your prescription to avoid unnecessary withdrawal. If you are in need of any emergency services, call 911 or go to the nearest hospital emergency room. We do not offer 'on-call crisis' services given our small group size. By signing below you are aware that we cannot offer immediate urgent medication services, but will address appropriate issues in a timely manner.

**Confidentiality:** Your privacy is very important. All protected health information (PHI) will be kept confidential. In most cases your consent will be obtained prior to releasing any PHI; however, records and/or PHI may be released regardless of consent when suspected abuse of children, the elderly, possible danger to self or others is imminent.

**Patient Rights:** HIPAA provides you the rights with regard to your clinical record and disclosures of protected health information (PHI). These rights include requesting that your record be amended; requesting restrictions on what information from your clinical record is disclosed to others; requesting an accounting of most disclosures of PHI that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; and having any complaints you make about the policies and procedures recorded in your records.

**Testing:** Being able to accurately gauge the current drug use by patients enrolled in a substance abuse program is essential. Therefore, urine testing is an integral part of the office-based Suboxone treatment program and should be explained as such to patients during the initial discussion of the treatment rules and expectations. As such, all patients are responsible in purchasing their own urine drug screen tests. The Clinic is providing urine drug screen tests for \$20 each. Patients must understand that this, too, is an ongoing part of their treatment.

**Medication Refill Policy:** Refills are generally not given, unless there is a previously arranged appointment where further plans are discussed for future refills. **It is imperative to arrange your schedule around the available clinic hours to avoid requiring last minute refills. In an event of a lost or runout of prescription or if you cannot pay for your treatment, we will try to assist you with refills so acute withdrawal is avoided. However, these actions are serious and will likely result in termination from the clinic if they persist. If a last minute (meaning, the day of) refill is required, a fee of \$25.00 will be expected to be paid in full the day of, no exceptions.**

**Continuation of Treatment:** We hope to remain in practice indefinitely, but unpredictably may need to close. There might also be a case where our services may not be sufficient for your needs, or for whatever reason the physician-patient relationship is not beneficial to you. If discontinuing treatment is necessary, we reserve the right to assist you in finding appropriate care elsewhere and transferring your care to another clinician or clinic.

## Agreements & Guidelines to Follow When Taking Suboxone® Film ~

1. The goal of treatment of opiate dependency is to learn to live without abuse of drugs. Suboxone® treatment should continue as long as necessary to prevent relapse to opiate abuse/dependence.
2. "I understand that if I am not seen in the office as prescribed by my doctor, I am unable to obtain my prescription(s) and I will be discharged from the clinic."
3. "I understand Steinmann Suboxone® Clinic no longer prescribes Subutex and Suboxone Tablets, unless otherwise agreed upon."
4. "I agree to take Suboxone® as prescribed at the dosage determined by my physicians, and not to allow anyone else to take medication prescribed for me."
5. "It has been explained to me that Suboxone® itself is an opiate drug and can produce some physical dependency."

6. Take home doses and frequency of visits will be determined based on how well you are doing.
7. Suboxone® will be prescribed in quantities to last from visit to visit. The frequency of visits depends solely on how well you as the patient are progressing.
8. Suboxone® treatment for opiate dependence is most effective when combined with drug abuse counseling, 12-step recovery work, or a recovery support group. "During my treatment with Suboxone®, I agree to seek additional counseling and to work on a program of recovery."
9. "If I have been on Methadone maintenance, I agree that my physician can coordinate my medication switch with the provider of Methadone." (This may involve exchange of medical records and discussions with the clinic physician or staff.) "After switching to Suboxone Sublingual Film, I will not take methadone."
10. "I agree not to take other medications with Suboxone® without prior permission from my doctor. I understand that overdose deaths have occurred when patients have taken other medications (particularly medications like Librium®, Valium® or other benzodiazepines) with Suboxone®."
11. Periodic urine specimen testing for drugs of abuse (narcotic, pot, cocaine, amphetamine, PCP, alcohol, benzodiazepine, and others) which is to detect early relapse and to document my progress in treatment. "I understand my doctor may ask that a clinical staff member observe me providing the appropriate specimen." Initially, it will be done upon my prescriber's request as often as directed and may be decreased in frequency as you progress in treatment.
12. "I understand that I may be required at *any time* with short notice to bring in my medication for my Suboxone® doctor to inspect, count and/or destroy. If I do not show or have the appropriate prescribed amount, I will be discharged."
13. **Lost/Stolen prescriptions are a serious issue. "I understand and agree that my doctor will not be able to replace lost or stolen prescriptions or medications which may result in discontinuation of Suboxone® therapy. "I will never carry my medication(s) with me."**
14. "I will never alter a prescription in **ANY** way. I understand this is a felony, punishable by incarceration."
15. "I will have all my medications filled **ONLY** at the pharmacy I have listed below under my signature. It is my responsibility to inform Steinmann Suboxone Clinic of any pharmacy changes. I know failure to do so may result in a pardon from the clinic."
16. "I will allow Steinmann Suboxone® Clinic to receive information from the pharmacy I have chosen."
17. "I understand that Steinmann Suboxone® Clinic is only open on **Wednesday and Thursday** (which may change or expand at any future date) and not any other day. I understand my prescribing doctor generally is not available to prescribe medication during evenings (after 3:00 pm), weekends, holidays, or after 12 noon on Fridays. Before unexpected refill is required (before my next follow-up appointment), It is my responsibility to call my doctor at least **two(2) business days in advance. It is imperative to arrange your schedule around the available clinic hours to avoid requiring last minute refills.**
18. [Language for women of childbearing potential:] "I agree to tell my physician if I become pregnant or even think I may be pregnant."
19. "I may **NEVER** dispose of Suboxone® by myself or with anyone without the Suboxone® Doctor's consent and a staff member employed under Steinmann Suboxone Clinic as a witness.
20. **"I understand that impolite or disrespectful conduct to anyone at Steinmann Suboxone® Clinic (i.e. Steinmann staff or other present patients) is absolutely NOT tolerated and may result in discharge." EX: Profanity, raising my voice, vandalism of Steinmann property, making vulgar or inappropriate comments.**
21. "Ultimately, I will do all that is in my power to abide by the rules, listen to the given recommendations, and be completely **HONEST** throughout my management so I can adequately be treated."

**I confirm that I have fully read and agree with:**

- **general information on Suboxone® Sublingual Film**
- **the guidelines to treatment**
- **the clinic policies & agree to all charges**
- **providing accurate and correct pharmacy information**
- **provided with a copy of my HIPAA rights**

➤ *I understand and agree that I am solely responsible for the all information found in each section of this agreement*

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

Pharmacy: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years old: name of parent or guardian:**

Printed Name: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*This agreement to remain active as long as patient is treated at Steinmann Suboxone Clinic or unless written documentation of discharge has been presented*