



## PATIENT AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to treat you. Our practice follows the guidelines of the American Society of Addiction Medicine and adheres to a strict anti-diversion policy. Please carefully read this agreement in its entirety. By signing it, and entering into treatment, you agree to comply with these policies and requirements.

### **Treatment Schedule Outline for patients receiving Medication Assisted Treatment with Buprenorphine:**

- During the initial phase of your treatment, you will be seen weekly over the first 4 weeks, or at the discretion of your physician. *These appointments need to be scheduled at check out.*
- Once stable, you will be seen every 2 weeks the following 2 months, or until stable, and then once a month, or at the discretion of your physician. Failure to meet program requirements will result in returning to weekly visits.
- Virginia Regulation 18VAC85-21-130 forbids prescribing Buprenorphine Monotherapy (Subutex) for non-pregnant patients. Under no circumstances, other than pregnancy, will any provider in the state of Virginia be able to prescribe this for you.

### **Treatment Requirements:**

- Urine specimens must be provided at each visit prior to seeing the doctor. Urines may be observed. These urine specimens will be randomly forwarded to an outside lab for further testing. That lab will bill separately for their services.
- Empty wrappers or blister cards for prescribed buprenorphine/naloxone product must be provided at each visit.

### **Buprenorphine with Naloxone Combined Therapy VS Buprenorphine Monotherapy**

Sublingual Suboxone film and generic tablet, Zubsolv and Bunavil (buprenorphine/naloxone combination) are FDA approved for the treatment of opioid addiction. Prescribing Suboxone for the treatment of pain is prohibited by Virginia Regulation. Our physicians treat for addiction only; this is not a pain management practice.

Alternatives to buprenorphine, such as Vivitrol monthly injections, are available.

### **Additional Information on Buprenorphine**

Buprenorphine is a very strong opioid receptor agonist and blocks any opiate from attaching to the receptor. If Suboxone is taken too soon after the last narcotic it will dislodge it from the receptor and precipitate a very significant withdrawal syndrome. If the patient tries to take large doses of other narcotics to overcome this blockade this will lead to a risk of overdose that could result in death.

Combining buprenorphine with other sedatives such as alcohol, opiates or benzodiazepines (Xanax, Valium, Ativan, etc) is dangerous, and has been associated with deaths from respiratory depression.

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



## PATIENT AGREEMENT

### 1. One Doctor Prescribing

All Suboxone, Zubsolv, Bunavil and generic Buprenorphine/Naloxone prescriptions must come from one medical practice. It is a highly controlled substance that can be easily diverted, and if we have evidence of such illicit activities around your treatment we will have to end our patient-doctor relationship. The Virginia Prescription Monitoring Program has the duty to notify our practice of any “doctor shopping” on the part of our patients or of any use of other controlled substance prescribed to our patients by other doctors. We will also utilize the privilege of communicating with your pharmacy and other state monitoring programs to coordinate and monitor care. *To protect patients from potential medication interactions and self-harm, your physician will communicate with any other physician prescribing controlled substances to you. These medications may include: pain medication, anti-anxiety medication, stimulants and any other controlled substance whether disclosed by you or found via another monitoring source. By consenting to treatment here, you give permission for your doctor to make the necessary communications.*

### 2. Other Controlled Substances:

If you have any medical conditions requiring other controlled substances such as Benzodiazepines (Xanax, Ativan, Klonopin), Gabapentin or Amphetamines (Ritalin, Adderall, Vyvance) we will ask that they be given to you by your mental health professional (psychiatrist). They will need to be prescribed at the lowest possible effective dose. Medication maintenance for ADD may be considered only with direct communication with your psychiatrist who made the diagnosis of your ADHD and coordinate care. You must see a psychiatrist for testing, evaluation and recommendations annually. Use of narcotic pain medications is not permitted. For special circumstances such as surgery, your doctor will make recommendations to your surgeon for pain management.

### 3. Keep Us Updated About Your Health

You are expected to inform our office of any new medications or medical conditions, and any adverse effects you experience from any of the medications you take.

### 4. Safeguard your prescriptions:

Because of the nature of buprenorphine as a highly controlled substance, you are responsible for your medication. You should keep it in a safe. We will not renew it earlier by phone if it was “stolen, forgotten in a hotel room, melted in a hot car or lost in the trash or flushed in the toilet”. Any lost or stolen prescriptions must be reported to the police. A copy of this report must be brought to the office for an appointment to determine whether or not a replacement is appropriate. If you run out of medication, we will want to see you back in the office, reassess the dosage of your medication and increase it to your needs after a thorough evaluation of your symptoms. Please be aware that buprenorphine would be lethal to accidental ingestion by a child or a pet. *You will be asked to bring at each of your visits the empty wrapper, blister cards or bottles of your medication.*

### 5. Urine Drug Screens

*Random urine, saliva or serum toxicology screens may be requested, and your cooperation is required. Be aware that urine drug screens are part of your treatment program. Selected patients, when called, will be asked to stop by our office within 24-72 hours of their notification.* A urine drug screen will also be required prior to seeing the physician at each visit. A preliminary report will be done in the office; all urine drug screens are sent to an outside laboratory for a final and complete analysis. If your urine drug screen reveals illegal substances or signs of tampering at any time, you will return to the weekly schedule until you stabilize, or at the discretion of your physician.

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



## PATIENT AGREEMENT

### 6. Fraudulent Prescriptions

Altering prescriptions in any way will not be tolerated. If you are found to have written, altered or called in a prescription, we reserve the right to report it to the authorities and release any information necessary to fully cooperate with any investigation related to the fraud.

### 7. Success of your recovery

We will not discharge you from our care if you have some “slips” or “lapses”. We know it is the nature of the disease of addiction like any chronic disease. However, in return, we expect our patients to always be truthful to the doctors caring for them, so we ensure an essential part of the success of the treatment that is the trust in the patient- doctor relationship. All measures are only meant to enhance the success of your recovery. You will be required to come for more frequent visits for monitoring until you stabilize again. If you are found to be in need of a higher level of care than can be offered in our office, you may be referred to the appropriate facility.

### 8. Follow-up Appointment and Unscheduled Appointments

We encourage you to schedule your follow-up appointment at the end of your visit with the doctor before leaving our office. *If you cannot keep your appointment, please call to notify us and reschedule. Failure to come within the timeframe you are due will result in returning to a weekly schedule.* We cannot verify that you did not relapse if you do not return for an appointment when you are due.

_____ Patient Signature	_____ Date
_____ Patient Name (printed)	

## Current Medication List

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Medication Name	Strength	Frequency/ Times per day	Reason Taken
1				
2				
3				
4				
5				

Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Allergic to: \_\_\_\_\_ Reaction: \_\_\_\_\_



## PLEASE BE AWARE OF THE FOLLOWING FEES

### No Show and Same Day Cancellation Fees

A **\$30** fee will be charged for any **appointments cancelled without a 24-hour prior notice**. A **\$60** fee will be charged for longer appointments, such as CBT. If you leave a message after hours, you will need to call during office hours to reschedule; the on-call staff will not have access to scheduling.

### Insurance Claim Submission Fees

If you should change insurance companies, please let us know and fill out the appropriate paperwork so we can bill the appropriate party. Failure to inform us of changes can result in denials of claims and a large bill for you. **Failure to provide correct information that results in the need to resubmit claims will result in a \$30 charge**. It is also important that you let us know if more than one company covers you and which one is primary.

### Prescription Fees

A **\$30** fee will be charged for 1-2 days or a **\$60** fee for 3-4 days for each call-in prescription refill\*

**All prescriptions called in during non-business hours are automatically \$80, regardless of days approved.\***

Pre-authorizations through insurance for medication routinely take 24-72 hours. Because calling the insurance companies for same day authorizations is time-consuming, if you need a same day, expedited request, there will be a **\$30 fee**. You, as the patient, are responsible for alerting us to any need for authorization.

*\*Prescription refills are subject to physician discretion and may be denied for any reason. Prescription call-ins will not be considered for any patient who has not been seen recently, for any patient early in their treatment, to replace lost or stolen prescriptions, or for patients who have been in any way not compliant with their treatment plan. Call-ins are for emergency situations for well-established patients at the doctor's discretion only.*

### Urine Drug Screen Fees

- CLIA waived urine drug screens are initially read in the office. The cost of this in-office urine is included in the self-pay rates for those without insurance (\$200 new patients or inactive returning patients / \$150 established patients). The lab will charge for the verification separately.
- CareFirst BlueChoice and many Anthem HealthKeepers plans will pay for your visit here, but not the urine drug screen. If you have one of these insurances, you will be provided a lab slip for LabCorp. It is your responsibility to have your screening done 3-4 business days before each visit so that your results will be available to your physician in time for your appointment. (You may opt to do testing here for a \$31 non-reimbursable, non-refundable self-pay fee if you prefer.)
- Some insurances apply urine tests to deductibles/coinsurances. You are responsible for these fees.
- Some insurances have a limits on the number of urine drug screens they will pay annually; for example, Aetna covers 8/year. If the benefit is exceeded, you will be charged the rate your insurance company reimburses at, not to exceed \$31.
- **Separate bills may be received from the outside lab used for verification.**

**All fees, copays, coinsurances, deductibles are due in full at the time of service.** Any patient responsibility updated between visits will be due in full at check-in for your next visit. These fees will not be waived; **there are no exceptions**. Any final bills, mailed to you once you are no longer a patient here, must be paid within 90 days. Bills not paid in a timely manner will be charged a \$50 collection fee and forwarded to Capital Accounts for collections. Should any negative balances occur, they will be applied as credit to your account. Checks for refunds will only be issued upon complete resolution of all dates of service.

I, \_\_\_\_\_, understand and agree to comply with the office policy at RHP.  
(Please print your full name on the line above and sign and date below.)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date