**Accurate Clinic**
2401 Veterans Memorial Blvd. Suite16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

**www.AccurateClinic.com**

Goals for taking buprenorphine:
Maintain adequate relief opioid craving and other withdrawal symptoms to allow for activities of daily living including those activities necessary to meet the patient's social, domestic and employment needs.

Proposed duration of use (based on recovery skill development):
Indefinite, to be determined by your doctor based on your medical condition and response to treatment. However, the goal is to limit long term use based on the development of coping skills and stabilization of your social and living situation such that the buprenorphine may be tapered off safely with as little risk for relapse as possible. A suggested goal would be to limit treatment with buprenorphine to one year but this time frame is unique for each patient.

Conditions of buprenorphine management:

• Successful buprenorphine management entails employing multiple interventions, including active participation in addiction prevention programs such as AA or NA and the use of psychological coping strategies. A pattern of passive reliance on medications, resistance to counseling and/or addiction prevention programs, or repeated failure to demonstrate the implementation of psychological coping strategies that have been taught to you may lead to discontinuation of buprenorphine and/or referral to another provider or treatment center.

• Coordination of care between your buprenorphine management physician and other physicians managing your other medical conditions is important for your safety, especially regarding medication management. You agree to provide consent for allowing your buprenorphine management physician to share your buprenorphine management information with your other managing physicians.

• Drug testing and other policies as described in the "Controlled Substances Agreement."

Risks and considerations of buprenorphine management:

Physical dependence will develop with regular use of buprenorphine. Physical dependence means that a withdrawal syndrome will develop if you stop or suddenly reduce the dose of your opioid medication abruptly. The typical withdrawal syndrome from buprenorphine and other opioids includes restlessness, vomiting, diarrhea, muscle aches and severe malaise. Tolerance may develop to the effects of buprenorphine which means that your benefits from buprenorphine may decrease over time but this is rarely a problem. Tolerance to buprenorphine usually occurs slowly, if at all. Not all patients respond to buprenorphine. Some patients may only be partially responsive to buprenorphine therapy. Escalating dosages of buprenorphine may indicate that buprenorphine is not effective and therefore might require discontinuation of buprenorphine treatment.

Buprenorphine may compromise your judgement or cause drowsiness that can be worsened if taken with alcohol, benzodiazepines, or other medications such as those prescribed for anxiety, depression, muscle spasm or sleep. Over-the-counter medications, especially antihistamines, can also interact with opioids and cause excessive drowsiness and/or altered judgement. Use caution when driving or operating machinery when taking buprenorphine. The safety of taking buprenorphine with other medications prescribed for muscle spasm, anxiety, depression and/or sleep has not been well established in regards to driving and operating machinery. As such, it is recommended that whenever a patient starts a new medication or changes the dosage of an existing medication, the patient assess the medication's effect on their alertness, judgement, reaction time, tendency to suddenly doze off,

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and other symptoms that might compromise the patient's ability to drive and/or operate machinery prior to doing so. Such focused assessment should be maintained for at least a week subsequent to any change in medication or dosing. This is particularly true for buprenorphine because the full effect of a change in dosing with buprenorphine may take as long as a week to fully appear. Notify the physician immediately if you find yourself compromised by sedation or any other side effects from your buprenorphine or other medications. Due to the inherent danger of drug interactions between buprenorphine and medications belonging to the benzodiazepine class (Valium, Xanax, Ativan etc.), the use of benzodiazepine medications are strongly discouraged and may be grounds for discontinuation of buprenorphine treatment.

A buprenorphine overdose can cause severe side effects, even death, and is more likely to occur when buprenorphine is taken with other opioids, alcohol and/or other sedating medications, especially those prescribed for sleep, muscle spasm, anxiety and/or depression. Abstinence from alcohol is advised when taking buprenorphine. Common, although usually temporary, side effects of buprenorphine include: nausea, itching, and sweating. Constipation also commonly occurs and often does not improve with time – notify your physician if you develop constipation as it may be advised to switch you to discontinue buprenorphine. Use of buprenorphine may lower testosterone levels in both men and women which may result in diminished sex drive or enjoyment of sexual activity, fatigue, depression as well as possibly contributing to reduced bone density (osteopenia or osteoporosis). Bone density testing may be advised. Sleep apnea, if present, may be worsened by buprenorphine. Any patient with a history of sleep apnea, COPD or emphysema must be cautious with use of buprenorphine or other sedating medications. Sleep testing may be advised. Patients must inform the physician if they have sleep disorders, respiratory conditions or any neurologic condition that could place them at risk if they were to be prescribed buprenorphine or other sedating medications.

If female of childbearing capacity, if you become pregnant while taking buprenorphine, your child may be at increased risk of birth defects. In addition, there is increased risk of complications for the newborn at time of delivery related to buprenorphine use during pregnancy. If you become pregnant, or plan to become pregnant, you must notify the physician immediately.

It is impossible to predict specific buprenorphine side effects in any individual patient. Having side effects with one opioid does not necessarily predict side effects with another opioid.

You must take buprenorphine only as directed. Federal law prohibits giving this medication to anyone else.

Discontinuation of buprenorphine management may be required under the following circumstances:
1. Failure to obtain adequate symptom relief.
2. Persistence of side effects.
3. Failure to achieve the goals of buprenorphine treatment.
4. Problematic dose escalation.
5. Failure to comply with treatment agreements.
6. Failure to safeguard your buprenorphine from access by others.
7. Concerns regarding the possibility of diversion (selling, *or giving,* your buprenorphine to others.
8. Failure to keep scheduled appointments

I understand and agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding buprenorphine treatment have been adequately answered. If I have further concerns or questions I will contact the clinic. A copy of this document has been given to me.

I give permission to my buprenorphine management physician to contact my other healthcare providers for the purpose of sharing information concerning my buprenorphine management as the physician deems necessary for coordinated, high quality care.

If I do not follow these guidelines, or those described in the the "Controlled Substance Agreement", my buprenorphine management physician may taper me off buprenorphine or abruptly discontinue prescribing buprenorphine.


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This consent is valid for 12 months from date of signature below.

I acknowledges understanding of this consent and any questions have been answered

Patient 's signature: _____ Date: _____

Patient 's name printed: _____