

Hennepin County Adult Detention Center Buprenorphine Agreement

PLACE PATIENT LABEL HERE

This agreement has 5 parts:

Part 1 Tells you how and when to take your medicine.

Part 2 Describes the goals of treatment.

Part 3 Lists things you and your doctor agree to do.

Part 4 Lists things that could happen if you do NOT do the things listed in Part 3.

Part 5 Sign the form. You and your doctor must sign the form.

PART 1: MY MEDICINE

I will take buprenorphine as administered by ADC medical providers and nursing staff.

PART 2: GOALS OF TREATMENT

I understand that my cravings may not completely go away. I understand that Subutex (Buprenorphine) may not work for me.

My goals for treatment include:

PART 3: THINGS I AGREE TO DO

I WILL

- only get my Subutex (Buprenorphine) from a jail medical provider or jail nursing staff
- return for sick call follow up visits for ongoing monitoring
- engage with medical team to help with appropriate discharge planning for continued medication assisted treatment for Opioid Use Disorder.
- tell all my other medical providers that I am taking Suboxone/Subutex (Buprenorphine) and cannot take any other opiate medications (for example: Vicodin, Percocet, Fentanyl)
- tell my doctor about ALL of the medicines (over-the-counter, herbs, vitamins, those ordered by other doctors) I am taking
- tell my doctor about all of my health problems
- allow my doctor to check my urine (pee) or blood to see what drugs I am taking
- try all treatments that my doctor suggests, including social work and mental health referrals if necessary

I WILL NOT

- share, sell or trade my Suboxone/Subutex (Buprenorphine) with anyone
- be uncooperative with nursing staff for observed dosing.
- use someone else's medicine(s)
- alter my urine sample (eg. add water, use someone else's urine)

MY MEDICAL PROVIDER WILL

- work with me to find the best treatment for my addiction
- refer me for additional help when needed

PART 4: I UNDERSTAND

- This is a controlled narcotic medication that may result in withdrawal symptoms when stopped immediately
- If I drink alcohol or use street drugs while taking my medicine:
 - I may not be able to think clearly
 - I could become sleepy
 - I may injure myself or overdose
- If I ever:
 - Steal medicine
 - Sell my medicine
 - Disrespect clinic staffmy doctor will stop my Suboxone/Subutex (Buprenorphine) treatment immediately
- If my goals (in Part 2) are not reached, my medical provider may stop my Suboxone/Subutex (Buprenorphine)
 - If I do not follow this agreement, or if my medical provider thinks that my medicine is hurting me more than it is helping me, my medical provider:
 - will continue to oversee my care at the Hennepin County Jail, but will stop my Suboxone/Subutex (Buprenorphine) treatment immediately

PART 5: SIGN THE FORM

Sign your name and write the date.

Patient Name

Patient Signature

Date

Provider Name

Provider Signature

Date

Form should be placed for scanning in to the patient's chart.