



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Medication Assisted Treatment (MAT) Contract

As a participant in buprenorphine/Suboxone or naltrexone/Vivitrol treatment for opioid misuse, abuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all my scheduled appointments or change an appointment in advance (at least 24 hours).
2. I agree to conduct myself in a courteous, respectful manner in the clinic/ office and over the telephone.
3. Offensive, threatening, harassing or manipulative behaviors that jeopardize the therapeutic relationship between patient and staff will not be tolerated; such words and/or actions may be cause for disenrollment in the program.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and will result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the clinic/office or on the facility premises and in the pharmacy where I fill my prescription for buprenorphine or naltrexone; such behaviors could result in my treatment being terminated or transferred elsewhere without any resource for appeal.
6. I agree that my medication/prescription can only be given to me at office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit or available appointment. Requests for refills will not be done over the telephone.
7. Proof of overusing, selling, trading, lending and “renting” my medication by video or random dose count may result in immediate dismissal, dose decrease, increase in appointments and/or less medication per refill more often.
8. I realize that repeated restarts of treatment or lapses in prescription refills indicate serious problems in medication adherence and may be justification of disenrollment in the program. **A restart is no contact with the program for two or more months.** A treatment slot is not reserved or retained when there is unexplained or unknown absence from the program. Waiting list conditions may apply to a person desiring to restart medication assisted treatment with Suboxone (buprenorphine & naloxone).
9. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
10. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling you. Obtaining opioid analgesics (painkillers) from multiple sources for non-medical reasons may be grounds for program transfer, discharge or dismissal.



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11. I understand that mixing buprenorphine with other medications, especially benzodiazepines (for example, Valium, Klonopin, Xanax, Ativan, Soma), can be dangerous and may result in death.
12. I agree to take my medication as my physician (MD) and/or nurse practitioner (NP) has instructed and not to alter the way I take my medication without first consulting with them.
13. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling, classes and support groups as discussed and agreed upon with my provider and specified in my treatment plan. Proof of attendance in these other sessions or therapy must be provided upon request. Falsifying documentation of such participation may be reason for immediate dismissal from the treatment program.
14. I agree to provide routine and random drug toxicology samples as requested. Repeated positive drug screens with other opioids or illicit drugs may be reason for another kind or level of more structured or intensive treatment. A negative buprenorphine test may be grounds for immediate program dismissal. Falsifying or tampering with a urine specimen may result in immediate dismissal also. I realize that the collection of a urine specimen may be supervised in the presence of program staff.
15. I will also have regular monitoring laboratory work and other tests related to my care or treatment as indicated by program staff.
16. I agree to keep my payment account current. I agree to pay for costs of medications for primary care and behavioral health as needed.
17. I agree to keep my patient file up to date with my current address and telephone numbers (work, home, mobile, emergency) so that clinic staff may communicate with me in a timely manner at all times.
18. I agree to respond to telephone inquiries and support from program staff in a prompt and proper way.
19. I agree not to disclose any information about a fellow patient to others.
20. I agree to receive training in Narcan/naloxone overdose prevention and to receive reversals kits for use as needed. I understand that overdose potential is greater with a low tolerance for buprenorphine, opiates/opioids after low or no use, and when drugs are combined with alcohol or sedatives and when taking opiates/opioids alone.
21. I agree that my goal is to stop using addictive substances (excepting nicotine) and that I will work to stop using all addictive and illegal drugs during my treatment with buprenorphine (Suboxone) or naltrexone (Vivitrol).



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- 22. I understand that violations of the above agreement may be grounds for termination of medication assisted treatment (MAT) with ALT Recovery, but I may remain in the program for counseling and support. MAT termination with buprenorphine or naltrexone may also result in transfer to an Opioid Treatment Program (OTP) for methadone.
23. I am hereby advised that before being dismissed or discharged from the program for due reasons, I will receive a written notice of contemplated action for disenrollment. I will be given an opportunity to respond to the notice verbally and/or in writing.

I consent to the above terms and to begin initial treatment with buprenorphine (Suboxone).

\_\_\_\_\_  
Patient Signature Print Name Date

\_\_\_\_\_  
Witness Signature Print Name Date

Renewal Dates: Patient Signature with Date Only

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