



Client's Name: _____ DOB _____ PT # _____

CLIENT AGREEMENT FOR METHADONE TREATMENT

The prescribing and dispensing of methadone is regulated by state and federal guidelines, as well as by policies unique to this clinic. The purpose of this contract is both to inform you about methadone maintenance therapy and to document that you voluntarily agree to the rules and obligations described in this agreement. The overall goal of opioid agonist medication therapy is improved quality of life and freedom from illicit drugs.

Acknowledgements

I acknowledge the following:

- Methadone is an opioid (opioids are drugs like heroin, codeine, morphine, Percocet, etc.) Taking it will result in physical dependence on this medication. Sudden decreases in dose or discontinuation of this medication will likely lead to symptoms of opioid withdrawal.
- I am already (before beginning methadone treatment) physically dependent on at least one form of opioid and have been unable to discontinue the use of opioids.
- I have tried to the best of my ability other possible treatments for opioid dependence, and these attempts have been unsuccessful.
- Taking any mood-altering substance with methadone can be potential dangerous. There have been reported deaths cause by combining methadone with alcohol, opioids, cocaine, barbiturates and/or benzodiazepines (such as Valium, Ativan, Klonopin, etc.).
- I may voluntarily withdraw from the methadone treatment program at any time
- I must inform any physician or dentist who prescribes n opioid for me that I am on methadone. I understand that not doing so is considered "double doctoring," which is a criminal offense
- Regarding pregnancy, I understand that methadone can have effects on a developing fetus, and that specialized care will be required to reduce any harm to my fetus if I am or become pregnant while on methadone. I acknowledge that I may need to be transferred to another clinic in this case.
- It may be unsafe to drive a car or other motor vehicle, or to operate machinery, during the stabilization prior after starting methadone and during dose adjustments.
- Poppy seeds and certain over-the-counter medications may result in positive drug urine screens.
- The common side effects of methadone are sweating, constipation, decreased sexual function, drowsiness, increased weight, and water retention. These are usually mild and can be lessened with help from a doctor. Many of these side effects will go away on their own in time. There are no known serious long-term effects from taking methadone.
- This clinic's doctor is not my family doctor. I need a family doctor while I am on the program, to deal with medical problems not related to methadone maintenance. I understand that the clinic's physician will not be able to help me with non-methadone prescriptions or notes for work (unless they are directly related to being on methadone). My therapist may be able to help me with some of these needs.
- It is my responsibility to make and keep appointments at the clinic.
- Methadone treatment will be stopped if my physician determines that it has become medically unsuitable, for example, because the treatment is not effective or because I develop a medical condition that could be made worse by taking methadone.

Behavior While in the Clinic

I understand that the following behavior is not acceptable:

- Any violence or threatened violence directed toward the clinic staff or other clients.
- Disruptive behavior in or near the clinic.
- Any illegal activity, including selling or distributing any kind of illicit drug in or near the clinic.
- Any behavior that disturbs the peace in or near the clinic.

I agree to maintain positive, respectful behavior toward staff and other program clients at all times when in the clinic. Threats, racist or sexist remarks, physical violence, theft, property vandalism or mischief, possessing weapons and selling or buying illicit substances while in or near the clinic are extremely serious program violations that may result in the termination of my treatment.

Obligations of Being on This Program

- I agree to pick up my medication during clinic dispensing hours, and to take the medication according to the staff's directions.
- I understand that there is a dispensing fee for every dose of methadone that I receive from the clinic.
- I must inform any physician or dentist who treats me for any medical or psychiatric condition that I am receiving methadone, so that my treatment can be tailored to prevent potentially dangerous interactions with methadone. I will bring the prescriptions and/or bottles for any medications I am prescribed to my appointments and to the clinic where I get my methadone to check for any potential drug interactions.
- I agree to provide a supervised urine sample when requested by program staff. If I refuse to provide this sample, the result may be that I do not receive take-home methadone doses.
- If I do not provide a urine sample, my record may be marked that this sample was assumed to contain drugs. This could further affect my level of take-homes.
- I understand that tampering with my urine sample in any way is a serious violation of the program, and it may affect my future status in the program.
- I agree to meet with a therapist for an initial assessment that will be used to help me develop a personal treatment plan based on my specific needs and goals
- I agree to keep all my appointments with the physician who is prescribing methadone for me. I understand that if I miss appointments repeatedly, this may result in the reduction of my take-home level and could interfere with the doctor-client relationship.

Grounds for Refusal of a Dose

I understand that I will not be given a dose of methadone in the following situations:

- If I appear to be intoxicated or under the influence of some other substance. (I may also be requested to see a physician in this case. For the sake of my own physical safety, I may be asked to wait before receiving my dose, or refused a dose for that day.)
- If I arrive late, after the end of the clinic hours.
- If I exhibit threatening or disruptive behavior toward any staff member or another client.
- If I do not show proper identification before receiving methadone.
- If I miss more than three doses of methadone in a row. (To re-start treatment at this point, I would need to be seen by a physician.)

Client initials _____

Confidentiality

I understand that everything that I tell the clinic staff is confidential except under certain exceptional circumstances, when the clinic staff must report something to the appropriate authority:

- If staff suspect that a child is at risk of emotional or physical harm or neglect, they are obligated to report this information.
- If I become suicidal, homicidal, or are unable to take care of myself due to a psychiatric condition including substance dependence, I may be held against my will in order to be assessed by a psychiatrist.
- If I reveal to the staff that I intend to harm another person, they are obliged to protect that person by notifying the appropriate authority.
- If a court subpoenas my chart, the clinic must release it.
- If it is suspected that I am unable to drive a car due to a medical condition (which includes intoxication from alcohol or drugs), the clinic is obliged to notify of this and may confiscate my car keys.
- Certain infections must be reported to the local public health unit. Examples include tuberculosis and HIV.
- I also agree to respect the confidentiality of other clients in the program.

My signature below indicates that I agree to follow the obligations and responsibilities outlined in this agreement. I understand that, if I fail to meet my responsibilities as a participant in this agreement, I may be discharged from the methadone program.

I have had an opportunity to discuss and review this agreement with my attending physician and any questions I had have been answered to my satisfaction.

Date: _____

Client Name (print): _____

Client Signature: _____

Guardian Name (print): _____

Guardian Signature: _____

Witness Signature: _____

**A copy of the signed agreement must be given to the client.*