

Changing Tides Psychiatry

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Buprenorphine/Naloxone Agreement

Thank you for considering Changing Tides Psychiatry for your Buprenorphine/Naloxone treatment. Buprenorphine/Naloxone is a prescription medicine used to treat adults who are addicted (dependent on) opioid drugs (either prescription or illegal) as part of a complete treatment program that also includes counseling and behavioral therapy. Please understand that Buprenorphine is an opioid that can cause physical dependence. When medication-assisted treatment is combined with counseling, there is a greater opportunity for treatment success. Buprenorphine/Naloxone can help patients stay in treatment by suppressing cravings and reducing withdrawal symptoms. There are no time limits for treatment with Buprenorphine/Naloxone. Length of therapy is up to you and your provider. DO NOT reduce or increase dose without consulting your provider first. Medication and counseling work together to provide the best results, therefore patients are required to be in counseling along with their medication treatment. Changing Tides Psychiatry does not treat patients for pain management.

In order to increase your chance for successful treatment due to the increased monitoring required by the DEA, we have found the following guidelines necessary for us and you to follow.

Please read and sign the Suboxone contract, complete the opiate and other substance use questionnaire, complete the opiate checklist, sign and date all areas requiring a signature and bring to your initial appointment.

General

1. You must clearly understand no circumstances are you permitted to take your medication other than how it is prescribed. If the medication prescribed is not relieving your clinical symptoms, it is your responsibility to contact this practice and inform us, prior to you adjusting your dose so we can instruct you on what you may do. Abuse or misuse of medication is very dangerous and will not be tolerated. If you do not adhere to this, you may be discharged from this practice, require a higher level of care and have your medication adjusted.
2. An overdose or even death can happen if you take benzodiazepines, sedatives, tranquilizers, antidepressants, alcohol or other drugs. It is your responsibility to keep your provider informed of all other medication legal or illegal that you are taking. It is a requirement of treatment that you do NOT take any illegal drugs while taking Buprenorphine/Naloxone. This practice will not prescribe nor allow patients who are in treatment to be taking any benzodiazepines, any illegal drugs or medications not prescribed by a physician. Not adhering to this, you may be discharged from this practice, require a higher level of care and have your medication adjusted.
3. If you lose your prescription, or for any reason your medication is misplaced, lost or even stolen, no substitute prescription will be provided. Understand that losing or misplacing a controlled prescription may have serious medical consequences including withdrawal, even death. Please notify us if this occurs so we may assist you. Suspected misuse of medication may result in being discharged from the practice, require a higher level of care or have your medication adjusted.
4. All patients who receive Buprenorphine/Naloxone need to provide us with your pharmacy.

5. All fees are due at the time of visit, before seeing your medical provider. We do not bill patients, accept partial payments or hold funds. If the patient is unable to pay for their visit they will not be seen by the provider. Prescriptions for Buprenorphine/Naloxone are only given at office visits. No phone refills are accepted.
6. As a condition of being treated at Changing Tides Psychiatry for opioid dependence, patients are required to attend counseling with a licensed counsellor. You are required to sign an Authorization to Disclose Information and provide the telephone number of your counsellor to allow unlimited communication between your medical provider here and your counselor. Please note HIPPA policy and procedures will apply. If you fail to cancel in time or fail to attend an appointment with your counselor, you may be discharged from the practice, require a higher level of care or have your medication adjusted.

Regular Urine Drug Screens

1. During the initial evaluation and at each subsequent follow up visit, patients who receive prescribed Buprenorphine/Naloxone must inform their medical provider of all medications or illicit drugs that have been taken over the past 30 days or between visits, whichever is longer. A form entitled "Controlled Substances Checklist" will be provided for you to complete. Note, please take your time when completing this checklist. If your drug screen identifies illicit drugs, prescribed medications that were not disclosed or inconsistent levels of Buprenorphine/Naloxone you may be discharged from the practice, require a higher level of care or have your medication adjusted.
2. You are required and you agree to submit to drug screening and confirmations performed by a lab as directed by the Changing Tides provider. This will be done at every visit where Buprenorphine is prescribed. You are responsible for all fees associated with the drug screening and lab confirmations. If there is inconsistency with your labs or a concern of compliance by your provider, you will be contacted for a "Demand Screen". You will be notified by phone of the need to get the urine drug screen and will be required to present yourself within 24 hours to the office or location of the lab designated by your provider. Messages left for you at the telephone number you provided to us are considered delivered and the patient is expected to present themselves to the office for the lab test. Failure to adhere to this policy may result in the patient discharged from the practice, require a higher level of care or have your medication adjusted.
3. If the patient is unable to perform any drug screen a prescription will not be written until the screen is complete.
4. If this practice is prescribing Buprenorphine/Naloxone and this medication is not identified through drug screening and lab confirmation you will be discharged from this practice immediately.

As a condition of being treated at Changing Tides Psychiatry with Buprenorphine/Naloxone:

You, the patient, understand that any use of illicit drugs while being treated by Changing Tides Psychiatry, or any use of prescribed medication other than how it is written, hinders your success and your care. If a urine screen of yours shows positive for other substances not prescribed by your provider, or you have inconsistent Buprenorphine/Naloxone levels, this will seriously jeopardize your ability to be treated at Changing Tides Psychiatry. At the provider's discretion, the patient may be immediately discharged or be required to return and provide a clean urine drug screen. This is known as a demand urine drug screen. If the second urine screen is compromised or the patient does not present for the demand urine drug screen within 24 hours, the patient will be discharged from the practice immediately and referred to a facility with a higher level of care. The patient also agrees, as stated in our contract, to be in treatment with a licensed counselor. If the patient is not in counseling with a licensed counselor, the patient will be terminated from the practice and referred to a facility with a higher level of care.

Office Appointments with Changing Tides Psychiatry

1. If you need to cancel your appointment with us, please call 24 hours prior to your scheduled appointment to let us know.
2. Patients must be seen, at a minimum, every 30 days or as directed by their provider. Patients not returning as directed by their provider may be discharged from the practice, referred to another provider, require a higher level of care and/or have medication adjusted.
3. If you have a justifiable reason for canceling within the 24 hours period or for missing an appointment, you must provide us in writing the reason you were unable to see your counselor or medical provider. If you were ill, you must provide a written medical excuse from the medical provider you visited.

Opiate addiction (dependency) and PREGNANCY

Buprenorphine/Naloxone medication with pregnancy is a serious consideration. It is unknown if or how these medications might harm your unborn baby. If you take this medication while pregnant, your baby may have symptoms of withdrawal or other complications at birth. If you are pregnant or you are planning on becoming pregnant, please notify your medical provider immediately. Pregnant patients who are also opioid-dependent require a higher level of care.

1. Breastfeeding is not recommended while taking Buprenorphine/Naloxone. The medication can pass into your breast milk to the baby. Talk to your provider about the best way to feed your baby while using Suboxone or any other prescribed medications.

Signing below indicates that you understand all of this treatment plan, and that you agree to adhere to all of the above requirements and policies. You understand that, if you choose to not follow any of the above policies, it may result in any of the following; termination from the practice, referral to a higher level of care, or adjustment to prescribed medications.

Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Opiate and Other Substance Use Questionnaire

When was the very first day that you ever took an opiate? _____

What was the reason? (Select one):

Experimental

Recreational

Pain Management
(prescribed)

Pain Management (not
prescribed)

What opiate did you first take? (Select one):

Hydrocodone

Oxycodone

Heroin

Fentanyl

Methadone

Other: _____

Which opiate have you used regularly? _____

How many years have you taken opiates? _____

Did you ever have a period of time when you were able to stop taking opiates? (Select one): Yes No

What is the longest period of sobriety you've had? _____

What route of administration did you prefer? (Select one): Oral Injected Inhaled

In the space provided below, please list and describe any other controlled substances you have used, including alcohol.

Substance(s): _____

Last used: _____ Amount: _____

Route of administration: Oral Injected Inhaled How often: _____

For how long: _____

Have you or anyone else thought that you had a problem with this substance? _____

Have you ever had a period of abstinence from this drug? Yes No For how long? _____

Substance(s): _____

Last used: _____ Amount: _____

Route of administration: Oral Injected Inhaled How often: _____

For how long: _____

Have you or anyone else thought that you had a problem with this substance? _____

Have you ever had a period of abstinence from this drug? Yes No For how long? _____

Substance(s): _____

Last used: _____ Amount: _____

Route of administration: Oral Injected Inhaled How often: _____

For how long: _____

Have you or anyone else thought that you had a problem with this substance? _____

Have you ever had a period of abstinence from this drug? Yes No For how long? _____

Substance(s): _____

Last used: _____ Amount: _____

Route of administration: Oral Injected Inhaled How often: _____

For how long: _____

Have you or anyone else thought that you had a problem with this substance? _____

Have you ever had a period of abstinence from this drug? Yes No For how long? _____

- Please fill out more copies of this page if you have additional substances to list.
- Please note random drug screening will be required at the discretion of your medical provider, see Suboxone contract for details.

Important information you need to know and/or bring prior to your first initial visit

Insurance coverage: Insurance companies require certain criteria which must be met and maintained in order to cover your visits and medication. The criteria usually include the following and possibly other criteria. It is your responsibility to contact your insurance company and seek out this information. Please provide your insurance information to the office prior to your visit. Please bring your insurance cards with you to your office visits and please notify us of any changes. Please see our practice financial agreement for additional information.

Requirements for Suboxone program at Changing Tides Psychiatry:

1. The individual must be opiate dependent.
2. The individual must receive Buprenorphine/Naloxone from a physician who has the DEA # specific to prescribing that medication.
3. The individual must be involved in substance abuse counseling; this is also a requirement of this practice.
4. The individual must abstain from any other opiate use.

Important information you need to bring with you to your first appointment:

1. If you are prescribed Buprenorphine/Naloxone, we will call this medication into your pharmacy.
2. It is your responsibility to have a working telephone number so we may contact you, and to update your phone number with us should it change.
3. At the time of initial evaluation please provide either your driver's license or ID
4. You must inform us of any change in address or personal contact info.
5. **All fees are due at the time of the visit. We do not carry patient balances, nor do we accept partial payments. If you are unable to pay for your visit you will need to reschedule. Remember medication is only dispensed at your office visit. You agree to pay at the visit, whichever is appropriate, your copay or cash fee.**

Prevention of opiate induced withdrawal symptoms is the primary reason for the waiting period after stopping other opiates and before starting Buprenorphine/Naloxone. Starting Buprenorphine/Naloxone may cause opiate withdrawal if taken too soon after your last opiate use. Therefore, it is imperative that you accurately report your last opiate use.

Recommended wait time between last opiate use and starting Buprenorphine/Naloxone

| | | |
|-----------------------|-------------------------|-----------------------|
| Dilaudid 12-24 hours | Fentanyl 48-72 hours | Oxycodone 48-72 hours |
| Heroin 12/24 hours | Hydrocodone 12-24 hours | |
| Methadone 72-96 hours | Morphine 12-24 hours | |

Opiate used

Date, amount, and last time used

Dilaudid _____
Fentanyl _____
Heroin _____
Hydrocodone _____
Methadone _____
Morphine _____
Oxycodone _____
Other _____

By signing you are affirming the above information is accurate and truthful.

Signature: _____ Date: _____
Name: _____ DOB: _____

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RANDOM DRUG TESTING CONSENT FORM

Patient Name: _____ DOB: _____

- ☐ I hereby agree to submit to a random drug test by furnishing a sample of my: urine for analysis to Changing Tides Psychiatry when requested.
- ☐ I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved.
- ☐ I am fully aware that the results of this test may be included in my patient chart and become part of my health care record.
- ☐ I understand that if at any time I refuse to submit to a drug test or if I otherwise fail to cooperate with the testing procedures, my continued care/treatment at Changing Tides Psychiatry may be immediately withdrawn from consideration or I may be subject to immediate termination of treatment/counseling.

Reason for consent: Prescribed a controlled substance as part of my ongoing treatment/counseling at Changing Tides Psychiatry.

X _____ Date: _____
Patient/Guardian Signature

Controlled Substance Checklist

Name: _____ Date: _____

To support the success of your treatment, this checklist serves as a valuable tool in guiding your care. Please complete it honestly and thoroughly. Be advised that the information provided may be validated through drug testing. Failure to provide accurate or complete information to your provider may lead to a reduction in your Suboxone dosage or possible discharge from the practice.

Please indicate any and all substances that you have or have not used since your last visit.

New Patients – indicate any and all substances used or not used in the last 30 days.

Yes = I have used since my last visit/in the last 30 days. No= I have not used since my last visit/in the last 30 days.

OPIATES

| | | | | | |
|------------------------|-----|----|--------------------|-----|----|
| Suboxone/Buprenorphine | Yes | No | Hydrocodone | Yes | No |
| OxyContin/Oxycodone | Yes | No | Avinza/Morphine | Yes | No |
| Codeine | Yes | No | Duragesic/Fentanyl | Yes | No |
| Dilaudid/Hydromorphone | Yes | No | Demerol/Meperidine | Yes | No |
| Methadone | Yes | No | Heroin | Yes | No |
| Others: _____ | | | | | |

SEDATIVES

| | | | | | |
|----------------------|-----|----|------------------|-----|----|
| Xanax/Alprazolam | Yes | No | Ativan/Lorazepam | Yes | No |
| Klonopin/Clonazepam | Yes | No | Valium/Diazepam | Yes | No |
| Phenobarbital | Yes | No | Ambien/Zolpidem | Yes | No |
| Lunesta/Eszopiclone | Yes | No | Sonata/Zaleplon | Yes | No |
| Alcohol | Yes | No | GHB | Yes | No |
| Tranxene/Clorazepate | Yes | No | | | |
| Others: _____ | | | | | |

STIMULANTS

| | | | | | |
|----------------------|-----|----|-------------------------|-----|----|
| Cocaine | Yes | No | Methamphetamine | Yes | No |
| Adderall/Amphetamine | Yes | No | Ritalin/Methylphenidate | Yes | No |
| Vyvanse/Amphetamine | Yes | No | Concerta | Yes | No |
| Provigil/Modafinil | Yes | No | Nuvigil/Armodafinil | Yes | No |
| Others: _____ | | | | | |

CANNABIS/HALLUCINOGENS

| | | | | | |
|---------------|-----|----|--------------|-----|----|
| Marijuana | Yes | No | Hashish | Yes | No |
| LSD | Yes | No | Mushrooms | Yes | No |
| PCP | Yes | No | Ecstasy/MDMA | Yes | No |
| Others: _____ | | | | | |

Patient Signature: _____