

1995 Hicks Road
Rolling Meadows, IL 60008
847-359-9120
847-359-9223 (fax)

**PATIENT RESPONSIBILITIES
BUPRENORPHINE MAINTENANCE TREATMENT**

_____ **The patient will agree to store medication properly.** Medication may be harmful to children, household members, guests, and pets. The pills should be stored in a safe place, out of reach of children. If anyone besides the patient ingests the medication, the patient must call the poison control center or 911 immediately.

_____ **The patient will agree to take the medication only as prescribed.** The indicated dose should be taken daily, and the patient must not adjust the dose on his or her own. If the patient wishes a dose change, he or she will call the clinic for an appointment to discuss this, and the physician can change the order.

_____ **The patient will agree to comply with the required pill counts and urine tests.** Urine testing is a mandatory part of office maintenance, and the patient must be prepared to give a urine sample for testing at each clinic visit, as well as to show the medication bottle for a pill count, including reserve medication.

_____ **The patient will agree to notify the clinic immediately in case of lost or stolen medication.** If a police report is filed, patient must bring in a copy for the record.

_____ **The patient will agree to notify the clinic immediately in case of relapse to drug use.** Relapse to opioid drug use can be life threatening, and an appropriate treatment plan has to be developed as soon as possible. The physician should be informed about a relapse before any urine test shows it.

_____ **The patient will review the description of office maintenance at this site.** This description includes the hours, the phone numbers, the procedure for making appointment, the fees, the requirements for participation in office maintenance and the clinic's responsibilities for patient care.

SIGNATURE _____ **DATED** _____
(Patient signature)

WITNESS _____ **DATED** _____