



YAKIMA MEDICAL CLINIC, PC

COMPLETE FAMILY HEALTH CARE

310 Holton Ave. • Yakima, WA 98902
Tel: (509) 452-2508 • Fax (509) 452-7316

Thank you for inquiring about the buprenorphine (Suboxone) program at Yakima Medical Clinic, run by Dr. T. Kent Vye. The following packet will give you guidelines as to what you can expect from our office, as well as what we will expect from you.

To schedule an appointment, the following things are required:

- a \$300.00 non-refundable deposit at first Initial appointment
- a completed urine drug screen & liver function panel done at any lab.
- Completed paperwork to include all packet contents, a brief drug use history, and a demographic page
- Releases signed to your referring doctor(s), counselors, etc.

When you arrive for induction YOU MUST BE IN WITHDRAWAL IF YOU ARE NOT IN WITHDRAWAL, WE CANNOT START THE PROCESS! (Please see guidelines on next page). This fee includes your induction and your medication for the day that you are here. Please feel free to bring blankets, pillows, DVDs, magazines, books, etc., essentially anything that will make you feel more comfortable while you are in the office. Although you will be ill when you arrive, we do our very best to ease your discomfort as soon as possible.

We will give you a prescription when you leave the office following your induction. You may take this prescription to the pharmacy of your choice to have it filled, where they provide this medication. This prescription is not included in the money you have provided us. Paying for the medication will be your responsibility. Medication costs roughly \$300-400 per month. The price per month will be dependant upon how you are dosed.

Each follow-up visit in the office costs \$161.00. This includes your office visit along with a urine drug screen.

*1 week after Induction and subsequent follow ups will be scheduled accordingly to clinical course.

PLEASE READ

Very important things for you to know:

- *Missed appointments, will be subject to a \$40.00 no show fee.
- *A urine drug screen will be required at every office visit, so please plan accordingly.
- *Appointments must be paid-in-full before being seen. If this can't be done, the appointment will need to be rescheduled.
- *5-hour notice is REQUIRED for canceling or rescheduling appointments. If less than 5-hours notice is given, the appointment will be counted as a no-show.

Please be advised that our office will only handle your addiction care. We will not take care of any general medical issues, diagnoses, or medications. You will be advised to see your general practitioner for any care you need that is unrelated to addiction medicine. All patients must be enrolled in treatment/ counseling.

Guidelines for withdrawal levels:

-Short-acting opiate: heroin, vicodin, norco, Percocet, hydrocodone, etc.

Last use at least 36 hours before your appointment time.

-Long-acting opiate: oxycontin, morphine, etc.

Last use at least 48 hours before your appointment time.

-Long-acting opiate: methadone

Under 30mg for 2 weeks, then last use 96 hours before your appointment time.

BUPRENORPHINE TREATMENT: INFORMED CONSENT & PATIENT RESPONSIBILITIES

1. I understand that you are treating my substance abuse medical problem with a narcotic drug called, BUPRENORPHINE combined with an antagonistic drug called naloxone.
2. The purpose of this treatment is to keep me free of opioid-type drugs of abuse.
The patient will agree to notify the clinic immediately in case of relapse to drug abuse. Relapse to opiate drug abuse 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. NOTE: relapse in itself is not a reason to stop buprenorphine treatment.
3. I will keep my scheduled appointments.
Full payment is expected at the time of each visit. There will be a charge for missed appointments if the office is not notified at least 5 hours prior to the appointment.
4. I will take administered, dispensed, or prescribed medications exactly as directed. I will use only one pharmacy, as directed, to fill my prescriptions. I will not seek multiple physicians for buprenorphine prescriptions.
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.
5. I understand that I will be required to have counseling, and urine drug screens (which may be monitored) to confirm that my intention is to reach a drug-free, sober, and healthy state.
The patient will agree to comply with the required pill counts and urine tests. Urine testing is a mandatory part of buprenorphine treatment, 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.
6. I will not give, sell, or barter any of my treatment medications to ANYONE.
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.
7. The purpose of BUPRENORPHINE is to block the craving experienced by the absence of the opioid drug, or withdrawal symptoms.
8. I understand that taking BUPRENORPHINE with naloxone when physically dependent on an opioid drug may cause severe withdrawal symptoms.
9. My medical records are confidential under Federal Law and can only be released in part or in whole by my written and signed consent, except as required by law.
10. I will abide by the program guidelines with regard to appropriate behavior, dress, and medication security both at the office and the pharmacy.
The following behaviors are inappropriate:
 1. Missing appointments
 2. Not sticking to the medication schedule

3. Not responding to phone calls
4. Refusing urine. Attempting to substitute someone else's urine or adulterating, sample to mask drugs.
5. Neglecting to mention new medication or outside treatment
6. Appearing intoxicated or disheveled in person or on the phone.
7. Frequent, urgent, inappropriate phone calls, especially after hours or on weekends.
8. Neglecting to mention change of address, job, or home situation.
9. Inappropriate outbursts, especially anger
10. Repeated loss or stolen medications
11. Non-payment of bill

11. The use of other non-narcotic drugs such as alcohol, marijuana, and benzodiazepines (Valium, Xanax) may have a significant to life-threatening adverse effect. Other prescription drugs could be affected by BUPRENORPHINE or vice versa and I will tell you the names of any other drug given by another doctor.

DEATHS have been reported when buprenorphine is combined with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, etc.) If you are taking any of these drugs, either by prescription or on your own, we need to discuss this in advance.

12. At the discretion of the physician, buprenorphine treatment may be discontinued for Persistent violations of this contract, lack of improvement in drug treatment or adverse effects of buprenorphine.

Thank you for your inquiry about burpenorphine (Suboxone) treatment of opiate/narcotic addiction. To schedule an appointment, you must send or bring a non-refundable deposit in the form of either money order or cash for \$300.00. This is a non-refundable deposit. This means that if your 1st appointment is either no-showed or 5-hour cancellation notice is not given, you will forgo the \$300.00 deposit and you will be required to pay another one before rescheduling.

Payment must be in cash or money order. If you do not keep the appointment or show up without the additional money, then you lose the \$300.00 deposit and must make another deposit for another appointment.

The total of \$300.00 will provide the following:

- First day evaluation
- Urine drug screen
- Buprenorphine tablets for induction only
- History and physical examination

Please check any of the conditions you have NOW or have had in the PAST.

- | | | |
|---|---------------------------------------|----|
| Headaches | Diabetes | |
| Dizzy spells, fainting | Cancer | |
| Serious head injury | recent weight loss or gain | |
| Vision problems other than glasses | Eating disorder, anorexia, or bulimia | |
| Severe dental problems | Morning nausea or vomiting | |
| Ear problems | Seizures | |
| Thyroid problems | Psychiatric or mental illness | |
| Asthma, emphysema, chronic | Depression | |
| Bronchitis | Suicide attempt | |
| Heart problems, heart failure | Anxiety | |
| Angina | Bipolar disorder | |
| Short of breathe | Sleeping problems | |
| Elevated cholesterol | Panic attacks | |
| Severe or frequent heartburn, gastritis | Antabuse, Trexan, naltrexone | |
| Ulcers | Sexual addiction | |
| Upper GI bleeding | Gambling addiction or abuse | |
| Liver disease, cirrhosis, fatty liver | | |
| Stomach pains, indigestion, and heartburn | | |
| Hepatitis A - jaundice | Men: | |
| Hepatitis B or C | Prostate problems | |
| Immunizations for hepatitis A or B | Impotence | |
| Pancreatitis | Testicular lumps | |
| Bowel problems or frequent diarrhea | | |
| or constipation, blood in stool | Women: | |
| Kidney or bladder problems | Menstrual problems | |
| Urinary incontinence | Menopause | |
| Arthritis or rheumatism | Breast problems | |
| Neck or back problems | Abnormal vaginal discharge | |
| Bleeding problems | Abnormal vaginal bleeding | |
| Sexual Iv transmitted diseases | Number of pregnancies | |
| Communicable diseases, TB | CURRENTLY PREGNANT: | NA |
| Positive PPD, TB skin test | | |
| HIV | | |
| Skin problems | Gall bladder problems | |
| Nose or sinus problems | Diverticulitis or colitis | |
| Allergies | Hernia | |
| High blood pressure | Chronic fatigue | |
| Swallowing problems | Gout | |
| Loss of appetite | Tobacco use | |

Comments on any of the above that are currently positive _____

How is your health now? Excellent Good Fair Poor

What was the date of your last physical exam? _____

Are you currently under a doctor's care? Yes No

Why?

What prescription medications, over the counter medications, health products, do you take?

How many times have you been in the hospital in the past 5 years? _____

What for? _____

Who is your doctor? _____

What is his or her phone number? _____

When was the last time you saw your doctor? _____

Remember the following:

-Be prepared to give a urine sample.

-You **MUST** be in **WITHDRAWAL**. You will be given Suboxone, which will relieve the withdrawal symptoms. If you are not in withdrawal, we cannot start the process.

-Bring all your medications, pills, and prescription bottles so the doctor can identify what you are taking.

-Do not drink alcohol that day.

-Do not plan on driving yourself home.

-Remember that you will probably be here for most of the day during your induction.

-Be prepared to return, as the doctor requires.

Print Name

Signature

Date

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310 Holton Avenue
Yakima, WA 98902
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Fax: 509-452-7316

I, _____, agree to pay a \$300.00 non-refundable deposit
(Person paying deposit)

for _____ 's participation in the Suboxone program
(Patient)

at Yakima Medical Clinic. I realize that if I no-show or do not provide 24-hour notice of cancellation for the appointment, I will forfeit my deposit of \$300.00 and it will not be returned to me.

cc

Please circle Method of payment:

Cash / Personal Check / Money order / Cashier's check / Credit Card

(Credit card #)

(Expiration date)

(Signature)

(Date)

(Billing address)

(City, state, zip code)

(Primary phone number)

(Secondary phone number)