

GAMMONS MEDICAL
1223 South Washington Ave
Royal Oak, MI 48067

Patient Treatment Contract

As a participant in buprenorphine treatment for opioid misuse and dependence, I freely agree and voluntarily agree to accept this treatment contract as follows.

I certify that I have a desire to become opiate free and to engage in rehabilitation aimed at an opioid free lifestyle.

I certify that I wish to undergo a MODERATE PERIOD REDUCTION of buprenorphine. This is a medically supervised withdrawal of buprenorphine over 2-6 week period. I understand that if this fails, other options may be discussed.

I understand that there are NO GUARANTEES that buprenorphine will render me opiate free. I understand that medication alone is no sufficient treatment for my condition. I agree to provide documentation of attendance at 12-step meetings and/or counseling upon request.

I agree that it is my responsibility to keep my medication in a safe, secure place out of reach of children. I understand that medication WILL NOT BE CALLED IN to a pharmacy if it is lost, misplaced, or stolen. An office appointment and evaluation is required for additional prescriptions.

I agree not to sell, share, or give any of my medication to another individual.

I agree not to obtain medications from any sources without notifying Dr. Gammons.

I understand that mixing buprenorphine with traditional opioids and/or other substances of abuse may be extremely dangerous and even fatal. Benzodiazepenes (Xanax, Valium, Ativan, etc.) are generally not appropriate for use with buprenorphine.

I understand that violations of ANY OF THE ABOVE may be grounds for termination of treatment WITHOUT RECOURSE FOR APPEAL.

I agree to provide urine drug screens upon request.

I agree to adhere to the payment policy outlined by this office.

Patient Name

Date

Patient Signature