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# Agreement for Suboxone Treatment



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## BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

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1. I understand that Suboxone treatment for opiate dependence is most effective when combined with appropriate counselling and other therapeutic services at Sunshine Coast Health Centre (“SCHC”).
2. I understand that in order to start Suboxone, I need to be in opiate withdrawal. The day before induction, I will not use any opiate (heroin, methadone, codeine or other opiate containing medications). If I am not having observable signs of opiate withdrawal, induction onto Suboxone may be delayed a day or more.
3. I understand that I will ingest a therapeutic dose of Suboxone as prescribed and required by SCHC’s physician, Suboxone’s Manufacturer, and Vancouver Coastal Health.
4. I agree not to take other controlled medications with Suboxone without prior permission from SCHC’s physician. I understand that my risk of an overdose significantly increases when other medications or drugs have been taken (particularly medications like Librium, Valium or other benzodiazepines) with Suboxone.
5. I understand that Suboxone can produce physical dependence.
6. I agree I will not sell, share, or give any of my medication to another client. I understand that such mishandling of my medication is a serious violation of this agreement and may result in me being discharged from SCHC.
7. I agree that if I refused to start or discontinue Suboxone for any reason including adverse reaction, allergy, increase in symptom, that I will be discharged from the SCHC as part of licensing agreements.
8. I understand that it is the responsibility of myself or the funder of my treatment with SCHC to provide funding for the costs of my Suboxone prescription.
9. I understand that I will not be able to taper off Suboxone while at SCHC and that SCHC will arrange and transfer my Suboxone Prescription to an appropriate physician in my home community after treatment with whom I may discuss tapering.
10. I understand that if I return to opiate use, I need to use small doses of opiates until I learn what my body can tolerate in order to reduce the risk of overdose.
11. I understand that I may come back to SCHC for a complementary Suboxone taper after taking as prescribed for a minimum of 1 year and have achieved a stable recovery.

**I have read and understand these details about Suboxone treatment. I agree to be treated with Suboxone at SCHC.**

**If you are signing on behalf of the attending client and they have not understood the expectations and requirements of Suboxone use at SCHC, you understand that they may be discharged if Suboxone is refused even after they’ve begun attending SCHC.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_