



LA Psychiatry Services

1490 Claremont Blvd. Suite 203, Claremont, CA 91711

Tel: (909) 267-6550 Fax: (909) 581-9160 Web: LAPsychSvcs.com

Suboxone Program New Patient Information

OVERVIEW

To support patients who are serious about overcoming opiate addiction, our clinic offers a Suboxone Film program. Our clinic restricts our treatment panel to a limited number of pre-qualified patients. Because limitation and uncertainty of coverage for services by insurance companies, our Suboxone Program is with cash pay only. The initial visit is \$300, and follow-up visits are \$150.

We only prescribe **Suboxone Film**. We do not prescribe Suboxone in tablet form. Suboxone is a long acting opioid medication that binds to the narcotic receptor. Suboxone Film is taken sublingually (dissolved under the tongue) because it is not absorbed well by swallowing. This Film also contains a small amount of naloxone (Narcan) that is a narcotic blocking/reversing agent that will cause withdrawal if injected. After stabilization, most patients are able to self-manage Suboxone for up to four weeks at a time.

PROGRAM STEPS

- STEP ONE – Complete Packet to Register

- o Read the entire packet.
- o Return completed forms to our office (see page 2).
- o You will be contacted by phone if you are accepted. This is normally within 24 to 48 hours.

- STEP TWO – Schedule Appointments

If you are accepted, you will schedule 3 appointments.

- o Evaluation & Induction visit
- o Follow-up visit 2-3 days later
- o Follow-up visit 1 week after your 2nd visit.

- STEP THREE – Arrive in Withdrawal

- o Arrive IN WITHDRAWAL for an appointment of up to 3 hours.
- o If you have been on Suboxone in the past, we do not require you to take the first dose in the office so your appointment should take about 1 hour.
- o See INSTRUCTIONS FOR INDUCTION APPOINTMENT which will instruct you when to take your last dose of narcotic before your appointment.
- o Plan for a driver to accompany you to this appointment.

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- STEP FOUR - Continue Ongoing Treatment

- o In general, patients are seen weekly for the first month, then twice monthly the next month.
- o Duration of treatment is individually determined by the patient.
- o If a visit is missed, you will be required to re-apply for acceptance into the program.
Reacceptance is not guaranteed.

What is Suboxone?

OVERVIEW

Please read this information carefully. Suboxone (buprenorphine + naloxone) is an FDA approved medication for treatment of people with opiate (narcotic) dependence. Suboxone is a weak opiate and reverses actions of other opiates. It can cause a withdrawal reaction from standard narcotics or Methadone while at the same time having a mild narcotic pain relieving effect from the Suboxone.

The use of Suboxone can result in physical dependence of the buprenorphine, but withdrawal is much milder and slower than with heroin or Methadone. If Suboxone is suddenly discontinued, patients will have only mild symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, Suboxone may be discontinued gradually, usually over several weeks or more.

Because of its narcotic-reversing effect, if you are dependent on opiates, **you should be in as much withdrawal as possible when you take the first dose of Suboxone.** You must be off Methadone for at least 24 hours or off of other narcotics for at least 12 hours and showing signs of withdrawal before starting Suboxone. **If you are not in withdrawal at the time of your Induction visit, you may not be given Suboxone,** as it can cause severe opiate withdrawal while you are still experiencing the effect of other narcotics. You will be given the first dose in our clinic and you must return to the office after two hours. After that, you will be given further instructions.

Some patients find that it takes several days to get used to the transition to Suboxone from the opiate they had been using. After stabilized on Suboxone, other opiates will have virtually no effect. Attempts to override the Suboxone by taking more opiates could result in an opiate overdose. Do not take any other medication without discussing it with your physician first. Combining Suboxone with alcohol or some other medications may also be hazardous. The combination of Suboxone with medication such as Valium, Librium, Ativan, or Xanax has resulted in deaths.

The form of Suboxone given in this program is a combination of buprenorphine with a short-acting opiate blocker, naloxone. If the Suboxone Film was dissolved and injected by someone taking heroin or another strong opiate it would cause severe opiate withdrawal. Suboxone Film must be held under the tongue until completely dissolved. It is then absorbed from the tissue under the tongue. If swallowed, Suboxone is not well absorbed from the stomach and the desired benefit will **not** be experienced.

We do not prescribe, under any circumstances, narcotics, Methadone, or sedatives for patients desiring maintenance or detoxification from narcotics. All Suboxone must be purchased at private pharmacies. We will not supply any Suboxone.

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SOME TIPS ABOUT SUBOXONE

If you are offered Suboxone by a “friend” and you are taking other opiates, the Suboxone will push the other opioids off the receptor site and you may go into withdrawal and become very sick.

If you dissolve and inject the Suboxone Film, it may induce severe withdrawal because of the naloxone, which is an antagonist and reverses narcotics effect when injected.

If you wish to transfer from Methadone to Suboxone, your dose has to be at or below 30 mg.

There have been deaths reported when Suboxone is combined with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Librium, etc.) If you are taking any of these drugs, Suboxone is not a good treatment for you.

Appointment Information

INSTRUCTIONS FOR EVALUATION & INDUCTION VISIT

1. Arrive with a full bladder (urine drug screening will be performed). You may wish to bring a water bottle. There is water dispenser and cups in our office.
2. Bring all pill bottles.
3. Arrive 20 minutes early to complete paperwork.
4. Bring valid photo ID.
5. Bring a driver.
6. Must be in **mild withdrawal** to insure treatment is started the first day. Withdrawal symptoms include sweating, restlessness, bone/joint aches, runny nose/tearing, tremor, yawning, anxiety/irritability, goose bumps.
7. No Methadone for at least 48 to 72 hours before your appointment. Methadone dose for the prior 7 days must be 30 mg/day or less.
8. No MS Contin, Oxycontin, Opanna for at least 24 hours before your appointment.
9. No Vicodin, Percocet, Heroin for at least 12 hours and preferably 24 hours before your appointment.
10. Induction appointment will last up to 3 hours with a return to the clinic 2 hours after the test dose of Suboxone is given.

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Follow-Up Appointment Protocol

Follow up appointments will be at least monthly.

These visits are focused on evaluating compliance and the possibility of relapse. They include:

- Film counts
- Urine testing for drug abuse at every visit
- An interim history of any new medical problems or social stressors
- Prescription of medication
- **No refills of Suboxone will be made for any reason except during a clinic visit.**
- Appointments do not include evaluation or care for other problems outside of Suboxone management. Should you have other medical conditions that you wish to address, you will need to schedule a separate appointment.

Dangerous behavior, relapse and relapse prevention.

The following behavior "red flags" will be addressed with the patient as soon as they are noticed:

- Missing appointments
- Running out of medication too soon
- Taking medication off schedule
- Refusing urine testing
- Neglecting to mention new medication or outside treatment
- Agitated behavior
- Frequent or urgent inappropriate phone calls
- Outbursts of anger
- Lost or stolen medication
- Non-payment of visit bills as agreed, missed appointments or cancellations within 24 hours of your appointment
- Treatment may be discontinued if these behaviors occur

INSTRUCTIONS FOR FOLLOW UP APPOINTMENTS

- Arrive with a full bladder (urine drug screening will be performed)
- Bring all pill bottles including Suboxone Film.

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Patient Intake Questionnaire

PATIENT NAME _____

FOR PROSPECTIVE SUBOXONE PATIENT

Please answer the following questions which will help us design your plan of treatment

1. Reason for seeking treatment.
 - Substance(s)? _____
 - How long using? _____
 - How much? _____
 - How often? _____

2. Have you ever taken or been previously treated with Suboxone? Yes No
If yes:
 - When was your last treatment? _____
 - How long were you treated? _____

3. Is there any problem that makes it difficult for you to give routine urine specimens? Yes No
If yes, please describe. _____

4. List all past drug or present drug and/or alcohol treatments, locations, and dates:

5. What caused you to start on opiates originally?

6. Are these reasons listed in #5 above still a problem now?

7. What coping methods have you developed to deal with triggers to relapse?

8. What kinds of help are you currently receiving, or do you need, from a counselor or psychiatrist?

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9. What benefit do you expect from Suboxone?

10. Is anyone in your home actively addicted to drugs or alcohol? Yes No

If yes, who? _____ What substance? _____

11. What are the major sources of stress in your life?

12. What are your major strengths to deal with the stress in your life?

13. Who will be your primary care physician during this time? Please include physician name and clinic.

14. Are there any current legal issues we should be aware of (e.g., probation or parole)? Yes No

If yes, please describe.

15. Please describe your current living arrangements: _____

16. Does anyone in your family (mother, father, brother/sister, child, aunt/uncle, or grandparent) have a history of substance abuse? Yes No

If yes, please describe.

17. Are you currently employed? Yes No

If yes, how many hours per week? _____

18. Are you pregnant? N/A Yes No Not Sure

19. The safety of your Suboxone medication or prescription is your responsibility. Requests for replacement Suboxone will not be honored without an appointment.

Do you understand that following the loss or theft of your prescription, it is at the discretion of our physician to determine whether you will be allowed to continue in this program? Yes No

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20. I have completed this form truthfully and to the best of my ability. Yes No

Signature: _____

Date: _____

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Patient Treatment Contract

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

1. I agree to keep, and be on time to, all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor's office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse for appeal.
7. **I agree that my medication/prescription can only be given to me at my regular office visits.**
A missed visit will result in my not being able to get my medication/prescription until the next scheduled visit.
8. **I agree to make another appointment in case of a lost prescription or stolen medication.**
9. I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The Suboxone Film should be stored in a safe place, out of the reach of children. If anyone besides me ingests the medication, I agree to call the Poison Control Center or 911 immediately.
10. I agree not to obtain medications from any other doctors, pharmacies, or other sources without telling my treating physician.
11. I understand that taking this medicine along with other medications, especially benzodiazepines (for example, Valium®*, Klonopin®†, or Xanax®‡), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
12. I agree to read the Suboxone Medication Guide and consult my doctor should I have any questions or experience any adverse events.
13. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
14. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

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15. **I agree to notify the clinic in case of a relapse to drug abuse.** Relapse to opiate drug abuse will result in being removed from the Suboxone program. An appropriate treatment plan must be developed as soon as possible. The physician should be informed of a relapse before random urine testing reveals it.
16. I agree to the guidelines of office operations. I understand the procedure for making appointments and paying for missed appointments and late cancellation fees. I have the phone number of this clinic and I understand the office hours. **I understand that no medications will be prescribed by phone or on weekends.** I understand that I am required to abide by these conditions in order to remain on the Suboxone treatment panel of this office.
17. I agree to comply with the required film counts and urine tests. Urine testing is a mandatory part of office maintenance. **I agree to be prepared to give a urine sample for testing at each clinic visit** and to show Suboxone Film for a film count, including reserve medication.
18. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).
19. I agree to allow my doctor to test my blood alcohol level during any appointment.
20. I understand that the phone numbers I give will be used to contact me to remind me of appointments. I give my permission for the office staff to leave messages on these phone numbers.
21. I understand that violations of any of the above requirements may be grounds for termination of treatment and that suboxone treatment may be discontinued for several reasons:
22. I agree to pay \$50 for each missed appointment.
23. I agree to notify the clinic **at least 24 hours** in advance before any appointment cancellation so that I will not be charged for a missed appointment fee.

Signature: _____

Date: _____

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Information for Family Members

Family members of patients who have been prescribed Suboxone for treatment of addiction often have questions.

What is an opioid?

Opioids are addictive narcotics in the same family as opium and heroin. This includes many prescription pain medications such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, Oxycontin, and Percondan, Methadone, and Suboxone.

Why are opioids used to treat addiction?

Many family members wonder why Suboxone is used to treat opiate addiction since it is in the same family as heroin. Isn't this substituting one addiction for another? Suboxone is not "just substitution". It is blocking the opiate sites in the body and preventing any response to any opiates taken.

What is the right dose of Suboxone?

The "right" dose of Suboxone is the dose that prevents any response to opiates. The dose is **not** changed due to persisting pain. Suboxone is not to be used to treat pain.

How can the family support treatment?

Even though maintenance treatment for opiate addiction works very well, it is NOT a cure by itself. This means that the patient may continue to need the blocking opiate dose of Suboxone with regular monitoring by our clinic. This is similar to other chronic disease, such as diabetes, or asthma, which requires long-term treatment. The best way to help support the patient is to encourage regular medical care and encourage the patient not to skip or forget to take medication. **It is our goal to encourage the patient to learn to live independent of Suboxone.** This will take counseling and time.

Regular Medical Care: Most patients will be required to see us for ongoing Suboxone treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the medication container to each visit and will be asked to give urine samples at the time of visit.

Special Medical Care: Some patients may also need care for other medical problems, such as hepatitis or HIV (AIDS) disease. We can provide you a referral to physicians who can treat these illnesses.

Counseling: Patients who are recovering from addiction usually need counseling at some point in their care. We encourage patients to keep any other regular appointments with an individual counselor or group therapy. These appointments are key parts of treatment and work together with the Suboxone program to improve success in addiction treatment. Sometimes family members may be asked to join in family therapy sessions, which also are geared to improve addiction care. It is our belief that success will only come when there has first been a change of heart and mind. This is a core principal of the 12 Steps of Narcotics Anonymous.

Meetings: Most patients use some kind of recovery group to maintain sobriety. In the first year of recovery some patients go to meetings every day or several times per week. These meetings work to improve success in treatment, in addition to taking Suboxone. Family members may have their own meetings, such as Al-Anon or ACA, to support them in adjusting to life with a loved one who has an addiction.

Taking the medication: Suboxone is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that **this takes a few minutes**. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will get used to the patient being "out of commission" for a few minutes whenever the regular dose is scheduled.

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Storing the medication: If Suboxone is lost or misplaced, the patient may skip doses or go into withdrawal. It is very important to find a good place to keep the medication safely at home, away from children or pets, and always in the same location so it can be easily found. The doctor may give the patient a few reserve Films, in case an appointment has to be rescheduled or there is an emergency of some kind. To avoid confusion, it is best if the location of the Suboxone is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Suboxone by mistake, s/he should be checked by a physician immediately.

What does Suboxone treatment mean to the family?

When chronic disease goes untreated, they have severe complications which lead to disability and death. Fortunately, Suboxone maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain clean and sober.

Chronic disease means the disease is there every day, and may need to be treated for a long time. This takes time and attention away from other things and family members may resent the effort, time and money it takes for Suboxone treatment and counseling. It might help to compare addiction to other chronic diseases like diabetes or high blood pressure. After all, it takes time to make appointments to go the doctor for blood pressure checks and it may annoy the family if the food has to be low in cholesterol or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or stroke for their loved one. It is our hope that we can assist the patient in becoming drug free. Research is showing that some persons have more risk for becoming addicted than others, and that some of the risk is genetic. So, when one member develops heroin addiction, it means that other blood relatives should consider themselves at risk of developing addiction or alcoholism. It is especially important for young people to know they are especially at risk, even with alcohol, of becoming addicted.

Sometimes when the patient improves and starts feeling “normal”, the family has to get used to the “new” person. The family interactions might have been all about trying to help this person in trouble. Now s/he is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for a while.

In summary: Family support can be very helpful to patients on Suboxone treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care and heart/spiritual change for it to be successful. In addition to understanding a little about how the medication works it is important for the family to also come to understand the spiritual side of this struggle. Often, the family members can greatly benefit from a heart change as well.

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Materials Confirmation

PATIENT NAME _____

PHONE NUMBER _____

SUBOXONE FILM NEW PATIENT PACKET

INITIALS	DOCUMENT
_____	New Patient Information
_____	What is Suboxone?
_____	Appointment Info
_____	Follow-up Appointment Protocol
_____	Patient Intake Questionnaire (Sign and return form)
_____	Patient Treatment Contract (Sign and return form)
_____	Information for Family Members
_____	Materials Confirmation (Sign and return form)

NEW PATIENT PACKET

INITIALS	DOCUMENT	
_____	Patient Registration	RETURN THIS FORM
_____	Health History Questionnaire	RETURN THIS FORM
_____	Authorization to Leave PHI	RETURN THIS FORM
_____	No Show Fee Acknowledgement	RETURN THIS FORM

My signature below and initials by the name of each individually listed document certifies that I fully understand and agree to the contents of each document.

Signature: _____
Date: _____

Please fax, mail, or drop paperwork in office.

You will be promptly notified of your acceptance for an evaluation. If you haven't heard from us after 48 hours, please call to check on the status of your application.

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HIPPA NOTICE OF PRIVACY PRACTICES

A federal law, known as the "HIPAA Privacy Rule" requires that we tell you how we may use and give out personal health information about you to others. This summary will tell you what our Privacy Notice contains.

HOW WE MAY USE AND SHARE YOUR PROTECTED HEALTH INFORMATION

We may use and share personal health information that is protected (PHI) to you or your personal representative. We may use and share this information:

For healthcare treatment that doctors, nurses and other clinicians give you For certain business activities called "health care operations" and For payment.

Some examples of how we may use and share PHI about you without your written permission including sharing information:

- To report abuse, neglect, or domestic violence
- To prevent a serious threat to your other's health or safety
- To prevent public health problems
- To agencies that audit, investigate and inspect health programs for the public's health For lawsuits and other legal proceedings
- For research
- To the Government for specialized purposes, such as military or national security; and For worker's compensation.

YOUR RIGHTS

You have the following rights as described in our Notice:

- The right to ask us if we will put more limits on the way we use and share PHI about you
- The right to share confidential communications from us
- The right to see and get a copy of PHI about you
- The right to ask us for a report that describes how and with whom we share PHI about you.

If you have any questions regarding your rights or privacy, please inquire with our office or reference <http://www.hhs.gov/ocr/privacy>.

I hereby acknowledge that I have read a copy of this HIPAA Notice of Privacy Practices. I further acknowledge that I may obtain a copy if requested.

PATIENT (PRINT): _____

SIGNATURE: _____ DATE: _____

FOR PATIENTS UNDER THE AGE OF 18:

RELATIONSHIP TO PATIENT: _____

SIGNATURE: _____ DATE: _____

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OFFICE POLICIES

Confidentiality:

Confidentiality is essential for effective psychiatric treatment. No information will be released without your consent, except for the following situations: By law, I am required to report suspected child or elder abuse, domestic violence, and take action when a patient is considered to be danger to themselves or other.

Payment Policy:

Scheduled appointment times are reserved specifically for you. Failure to provide 48 hours cancellation notice or missed appointments will be billed and your credit card will automatically be charged. **Missed appointment fee is \$50.00.**

A credit card will be held on file to guarantee payment but will not be charged without notification.

Medication Policy:

You are responsible to make an appointment to see me in person at least once every 2 months to receive refills of your medications.

Requests for refills may take up to 48 hours to be available at your pharmacy and are not done on weekends or holidays.

Notify LA Psychiatry of any side effects of your medication.

Notify LA Psychiatry if you suspect or know that you are pregnant or if you plan to become pregnant in the near future.

Notify LA Psychiatry any time another physician starts you on a new medication, or if there are significant changes in your psychiatric or medical condition.

Additional Services:

Services required outside of treatment session will be charged a fee. These will include consultations with other professionals, court appearances, and document preparation such as completing legal forms, conservatorship petitions, letters, etc.