WESTBROOK MEDICAL CENTER

7328 MIDDLEBROOK PIKE KNOXVILLE, TN 37909 (865) 769-2600

SUMMARY OF SUBOXONE PROGRAM

1)	The first month of care patients may be seen several times. Once a dosage is established,
patients	may be seen on a 28 day cycle as long as all drug screens are appropriate and they are following
treatme	nt recommendations. Patients cannot be seen earlier than their scheduled appointment except in
an emer	gency and then only 24 hours prior to a scheduled appointment.

- 2) Urine drug screening is a regular feature of SUBOXONE therapy because it provides physicians with important insights into the health and treatment of the patient. Patients will be drug screened on EVERY visit. This sample will be referred to an outside lab from whom the patient and/or their insurance company will receive a bill. Should questions arise about that bill, contact that lab directly. Furthermore, if a drug screen is failed, the patient may be asked to return for weekly drug screens. (Note: These visits are at a charge of \$75.00 or appropriate co pay.)
- 3) All patients are required to participate in a regular program of professional counseling while in treatment with buprenorphine <u>and</u> evidence of attendance will be required at each visit.
- 4) Patients may obtain all controlled medications from the pharmacy of their discretion.
- 5) Early in care patients will have blood drawn for a complete screening of liver functions, a lipid panel, Hepatitis screen, HIV screen, etc. The outside lab used is Quest Laboratories, and the patient and/or their insurance company will receive a bill from them. Contact Quest directly with any questions about that bill. These samples may be repeated periodically to monitor the body's response to the buprenorphine treatment.
- 6) If a patient cannot make a scheduled appointment, they must call to reschedule. If a patient misses an appointment without rescheduling, they may be dropped from the Suboxone program. A \$25.00 fee will be charged for any missed appointment without prior notification having been given. If a patient is late for an appointment (fifteen minutes), the office is under no obligation to see the Patient on that date.
- 7) The Patient agrees to immediately notify the office of any change of address and/or telephone number. All patients must be accessible to this office at any time when this office needs to contact them. Voice mail must be set up and checked on a daily basis. If this office cannot reach the Patient, this office has a right to discharge the Patient without further notice.
- 8) All co pays/ payments/ and a percentage of any outstanding balances are due at each visit. If the patient cannot pay at the time of the visit, they will be rescheduled.

By signing below, the patient acknowledges und	erstanding all the program guidelines noted above.
Patient Signature	Date