



Patient Informed Consent to Medication Assisted Treatment For Opioid Use Disorder

Patient Printed Name:	_____	Patient DOB:	_____
PCP Printed Name:	_____		

Please read this Informed Consent document carefully, and ask your provider if you have any questions.

I understand that a medication can be used to treat my diagnosis of Opioid Use Disorder. ETSU Health can prescribe either Naltrexone (a non-opioid medication) or Buprenorphine (an opioid medication). This Informed Consent explains the possible risks and the expected benefits of taking Buprenorphine. This Informed Consent also explains what I should expect when taking Buprenorphine and the possible side effects. I have discussed the risks and benefits of Buprenorphine with my provider. I am completing this consent form as I have decided to treat my Opioid Use Disorder with Buprenorphine.

BUPRENORPHINE

Risks and Side Effects	Benefits
<ul style="list-style-type: none"> ▪ Headache ▪ Insomnia ▪ Nausea/vomiting ▪ Diarrhea ▪ Constipation ▪ Fatigue ▪ Physical Dependence 	<ul style="list-style-type: none"> ▪ Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings ▪ Increase safety in cases of overdose ▪ Lower the potential for misuse ▪ Medication is taken at home ▪ Flexible dosing schedule

Common Sense Rules for Using Buprenorphine:

- Follow your provider's recommendations.
- Do not take more or less medication than prescribed without discussing this first with your provider and receiving permission to do so.
- Do not share medications with family or friends.
- Do not take medications from family or friends.
- Do not stop medications quickly. Dose reductions need to be discussed and approved by your provider. This is important no matter which controlled medication you take.
- Do not sell medications.
- Do not take medications in any way other than prescribed. For example, do not chew or inject your medications.
- Keep all medications out of reach of children.
- Keep your prescriptions and medications in a safe and secure location to prevent loss or theft.
- Do not operate a motor vehicle if you feel mentally impaired. You are responsible for having good judgment in your daily affairs, including your use of controlled medications.
- Alcohol use should be limited when using controlled medications and it is highly recommended that alcohol be avoided.
- Do not use illegal substances.

Diversión: I understand it is against the law to share my Buprenorphine with other people. I understand it is against the law to provide false information to my provider to try and obtain Buprenorphine. I understand it is against the law to visit multiple doctors to try and obtain Buprenorphine. It is very important that I guard my Buprenorphine and use it only as prescribed by my provider.

Driving: Some people may have problems driving while on controlled medications. I understand I need to assess my own skills, as well as listen to others who drive with me to determine if I should be driving while taking these medications. I should consult the State Department of Transportation if I have questions about driving while taking controlled medications. I understand this is especially important if my work involves driving, making important decisions that affect others, etc.

For Women of Childbearing Age with Reproductive Capacity (under Tennessee law ages 15-44): It has been explained to me that the use of opioid medications, such as Buprenorphine, pose special risks to women who are pregnant or may become pregnant. I have been advised that a fetus exposed to opioids in utero can develop a withdrawal syndrome following delivery (called “neonatal abstinence syndrome”). I recognize that the long-term consequences of a child’s development who was exposed to opioids is not fully understood and cannot be predicted, but it could be harmful to the child. I also understand that **birth defects** can occur to any baby whether or not the mother is on medications and there is always the possibility that my baby will develop a birth defect while I am taking an opioid or any other medication.

Birth control counseling: I have been informed of the birth control (or contraceptive) options available to me. I understand that birth control can reduce the chances that I become pregnant while being treated with an opioid medication such as Buprenorphine. I have been counseled on appropriate and effective forms of birth control. I have also received information about how I can receive free or reduced cost birth control. ***If I plan to become pregnant or believe that I have become pregnant while taking controlled substances, I will immediately inform my ETSU Health Clinic.***

I understand that my provider may discontinue the medication at their discretion as well as based on my following the terms of the treatment agreement. My provider may require a change in my treatment course that could include increasing the frequency of visits to the clinic or referral to a higher level of care.

By signing below, I confirm that I have read and understand this Informed Consent document, and that I had the opportunity to have this Informed Consent document explained to me. I confirm that I have had the opportunity to ask questions and that all my questions have been answered. I understand treatment that includes controlled medications is not the only option to treat my condition or symptoms, and the benefits and risks of alternative treatments (including declining treatment) have been explained to me. By signing below, I confirm that I have enough information to make a decision to use Buprenorphine as prescribed as part of my course of treatment.

You should NOT sign this form if you do not believe you have enough information to make an informed decision about your use of controlled medications and how they fit into your opioid use disorder treatment plan.

Patient Signature: _____	Date: _____
Physician Signature: _____	Date: _____
Witness Signature: _____	Date: _____

If signed by someone other than the Patient, state your relationship to the Patient and a description of your authority to act on the Patient’s behalf:

_____.