



SUBOXONE NEW PATIENT INTRODUCTION

Our treatment panel is restricted to a limited number of pre-qualified patients who are serious about overcoming opiate addiction. Privately insured patients must provide a current insurance card to confirm coverage. Uninsured patients must adhere to strict cash payment policies.

We do not accept state-funded insurance plans or Medicare for this program.

TO GET STARTED

- Read the entire packet.
- Complete - **Intake Questionnaire (2 pages)**
 - **Consent for Release of Information**
 - **Insurance Information form (if insured)**
 - **Suboxone Materials Confirmation**
- Call Cindy, the program coordinator, for a prequalification visit to review your questionnaire and explain the program policies. (360) 757-0027

STARTING THE PROGRAM

- All patients pay a \$350 registration fee by cash or credit card. This applies to all patients whether insured or uninsured.
- Schedule 1st visit with Dr. Paul Creelman.
- Plan for a driver to accompany you to the first appointment.
- Arrive **IN WITHDRAWAL**. Allow 3 hours for your visit.
- Dr. Creelman will send you to PacLab (next to our office) for lab testing.
- Return to clinic 1 ½ -2 hours later after first test dose of Suboxone is given.
- Next you will be scheduled for 2 follow-up visits over the next 2-3 days.
- Fill your prescription at the pharmacy.

Directions:

Burlington, Washington is located:

60 miles north of Seattle on I-5, 25 miles south of Bellingham, 45 miles south of the Washington/Canadian border crossing at Blaine

Exit 230 on I-5 from either north or south.

Head east ¼ mile to Burlington Blvd. (Jack in the Box Restaurant ahead)

Turn right on Burlington Blvd. and proceed 400 feet.

Turn east (left) into clinic parking lot.

Clinic and parking lot are located on the east (left) side of the road.

(360) 757-0027 for further driving instructions



SUBOXONE INFORMATION FOR PATIENTS

The Drug Addiction Treatment Act of 2000 made it legal to prescribe a narcotic for treatment of addiction. A heroin addicted patient may receive opioid medication for detox or maintenance in a regular office setting, rather than a Methadone treatment program. Suboxone is the only allowed medication.

The restrictions of this law include requirements that the physician have training in opioid addiction treatment, be registered with the Secretary of Health and Human Services and be certified by the Drug Enforcement Administration to prescribe scheduled drugs.

Suboxone is a long acting opioid medication which binds for a long time to the narcotic receptor. Suboxone is taken sublingually (dissolved under the tongue) because it is not absorbed well by swallowing. This sublingual tablet also contains a small amount of naloxone (Narcan) which is a narcotic antagonist, or blocking/reversing agent, which will cause withdrawal if injected.

Suboxone has a “ceiling” which makes it safer in case of accidental overdose. In large doses Suboxone does not suppress breathing to the point of death in the same way that heroin and Methadone. If a child swallowed a bottle of Suboxone tablets (remember they are not absorbed well by swallowing) it would probably not be lethal. A single dose of Methadone, however, could be lethal to a child. These are some of the unusual qualities of this medication which make it safer to use outside of the strict confines of a Methadone clinic. After stabilization, most patients are able to self manage Suboxone for up to four weeks at a time.

Suboxone is not equivalent in maintenance strength to Methadone. In order to even try Suboxone without going into major withdrawal, a Methadone-maintained patient would have to taper down to a dose of 30 mg. of Methadone or lower.

So remember the following tips. 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-naloxone sublingual tablet, it may induce severe withdrawal because of the naloxone, which is an antagonist and reverses narcotics effect when injected. If you wish to transfer to Suboxone from Methadone, 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, Hlcion, Valium, Xanax, Librium, etc.) If you are taking any of these drugs, either by prescription or on your own, Suboxone is not a good treatment for you and should not be taken.



SUBOXONE MATERIALS CONFIRMATION

DOCUMENT	INITIALS
Suboxone New Patient Introduction	_____
Suboxone Information for Patients	_____
Patient Responsibilities	_____
Suboxone Treatment Financial Policies	_____
Follow up Appointment Protocol	_____
Informed Consent	_____
Suboxone Maintenance Treatment	_____
Release of Information Consent	COMPLETE THIS FORM _____
Intake Questionnaire 2 pages	COMPLETE THIS FORM _____
Suboxone Materials Confirmation	COMPLETE THIS FORM _____
Insurance Information	COMPLETE THIS FORM _____

**BRING THE COMPLETED FORMS TO YOUR
 PRE-QUALIFICATION VISIT WITH THE PROGRAM COORDINATOR**

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 _____

Printed name _____

Date _____

Creelman Family Practice PLLC

712 S. Burlington Blvd. - Burlington, Washington 98233 - (360) 757-0027 - (360) 757-3698 *fax*

PATIENT RESPONSIBILITIES AGREEMENT

There are certain rules and agreements that are part of Suboxone treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Suboxone treatment program.

Initial each statement below:

I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. Medication should be stored in a safe place, out of the reach of children. If anyone besides the patient ingests the medication, call 911 or the Poison Control Center immediately.

I agree to take the medication only as prescribed. The indicated dose should be taken daily, and the patient must not adjust the dose on his/her own.

I agree to comply with the required urine tests. Urine testing is a mandatory part of office maintenance. The patient must be prepared to give a urine sample for testing at each clinic visit. If you cannot give a urine sample you will forfeit your appointment.

I agree to make and prepay (if uninsured) for another appointment in case of a lost or stolen medication.

I agree to notify the clinic in case of relapse to drug abuse. Relapse to opiate drug abuse can result in being removed from the treatment program. Your provider should be informed of narcotic use before it is revealed by random urine testing.

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 (360) 757-0027 and I understand the office hours M-F 7:30-5 and Sat 8:30-12.

I understand that no medications will be prescribed by phone.

I understand that I am required to abide by these restraints in order to remain on the treatment panel of this office.

I understand that this treatment program does not provide medical or surgical care outside the scope of routine maintenance.

Patient signature _____ Date _____

Provider signature _____ Date _____



SUBOXONE TREATMENT FINANCIAL POLICIES

Prepayment is required prior to the first visit. This applies to both insured and uninsured patients.

We accept credit card, debit card, money order, or cash. No checks

FIRST VISITS: The cost for the initial Suboxone induction treatment is \$350. This includes 3 visits within 3-5 days and your first dose of medication. In addition, insured patients will be expected to pay the required copay at each visit.

There is a \$150 cancellation fee (less than 24 hours notice).

FOLLOW UP VISITS: The cost for follow up appointments is \$125. Follow up appointments are scheduled every 2-4 weeks. Insured patients will be expected to pay the required copay at each visit.

There is an \$85 cancellation fee (less than 24 hours notice).

You may be required to go to PacLab at the end of the first office visit for laboratory testing. Lab charges may be billed to you or to your insurance. PacLab does offer discounts for payment in full in 30 days. Be prepared to provide proof of insurance coverage if you want the lab to bill your insurance.

The cost of Suboxone varies with the pharmacy you select. Usually Suboxone costs \$6 to \$8 per tablet and you will use 1 ½ tablets per day starting day 3. (The first 3 days the dose varies from 1 ½ to 2 ½ tablets per day.)

Urine drug screening will be required at every visit. The cost of drug screening is \$40 which is included in your \$125 appointment fee. Abnormal results of this drug screening will result in follow-up drug testing at PacLab or LabCorp. The cost for the follow-up drug testing will be payable at the clinic prior to going to the lab for testing.

Payment for all prior visits must remain current in order to retain your reservation on the panel. Your reservation on our limited panel is secured with a paid up account. At the conclusion of your visit you will be asked to reserve your next visit. Prepayment will be required for uninsured patients. We do not wish you to undergo sudden withdrawal from Suboxone. This will be the result if you fail to reserve and keep your appointments. Office fees include the cost of Suboxone management and drug testing and do not include treating any other medical or psychological problems or any other laboratory testing or x-rays.

FEE SCHEDULE

New Patient	\$350
New Patient late cancellation	\$150
New Patient PacLab or LabCorp testing	\$ 50-100 The lab will bill to you or to your insurance
Established Patient visit & drug screen	\$125
Established Patient late cancellation	\$ 85
Established Patient PacLab Drug Screen	tba Abnormal clinic drug screen will require follow-up lab drug testing.
Suboxone prescription	\$6 - \$8 per tablet
Clinic drug screen only	\$ 40



SUBOXONE TREATMENT FOLLOW UP APPOINTMENTS

Follow up appointments will be at least monthly.

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

- Pill counts
- Urine testing for drug abuse
- 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

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
- Use of any opiates/narcotics
- 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**



SUBOXONE TREATMENT INFORMED CONSENT

Please read this information carefully. Suboxone (buprenorphine + naloxone) is an FDA approved medication for treatment of people with opiate (narcotic) dependence. It can be used for detoxification or for maintenance therapy when prescribed by qualified physicians. Suboxone itself 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 first 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 and a prescription for Suboxone that can be filled at the pharmacy of your choice.

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 tablet was dissolved and injected by someone taking heroin or another strong opiate it would cause severe opiate withdrawal.

Suboxone tablets must be held under the tongue until completely dissolved. It is then absorbed from the tissue under the tongue over the next 30-120 minutes. 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.



SUBOXONE TREATMENT MAINTENANCE

Suboxone treatment may be discontinued for several reasons:

- Suboxone controls withdrawal symptoms and is an excellent maintenance treatment for many patients. If you are unable to stop your heroin abuse, or if you continue to feel like using narcotics, even at the top doses of Suboxone, the doctor will discontinue treatment with Suboxone and you will be required to seek help elsewhere.
- There are certain rules and patient agreements that are part of Suboxone treatment. All patients are required to read and acknowledge these agreements by signature upon admission to the treatment panel. If you do not abide by these agreements you may be discharged from the Suboxone treatment program.
- Prompt payment of clinic fees is part of this program. If your account does not remain current as agreed, appointments cannot be scheduled. If appointments cannot be kept as agreed, your status as an active patient will be cancelled – no exceptions.
- Obviously, in the rare case of an allergic reaction to medication, Suboxone must be discontinued.
- Dangerous or inappropriate behavior that is disruptive to our clinic or to other patients will result in your discharge from the Suboxone treatment. This includes patients who come to the clinic intoxicated or on other narcotics, Valium, barbiturates or Xanax like medications.
- In the case of dangerous behavior there will be no two week taper. You will be summarily discharged and asked not to return to the clinic.



CONSENT FOR RELEASE OF INFORMATION

I, _____, DOB _____ SSN _____
patient name

Authorize:

Clinic/Physician	Address	City/State	Zip	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To disclose to: Paul Creelman, MD
712 S. Burlington Blvd.
Burlington, WA 98233

The following information:

All medical documents including, but not limited to medical, psychiatric, sexual, and STD information. The purpose of this disclosure is for medical, psychiatric and drug treatment

Expiration:

This authorization expires 2 years after the below signed date or whenever Dr. Creelman and Nurse Practitioner Sondra Beck are no longer providing me with services.

Federal Regulations:

I understand that my records are protected under the Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that actions have been taken in reliance on it.

Notice Prohibiting Redisclosure:

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to who it pertains or as otherwise permitted by 42 C.F. R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature of patient _____ Dated _____

Signature of witness _____ Dated _____

**INTAKE QUESTIONNAIRE page 1 of 3
FOR PROSPECTIVE SUBOXONE PATIENT**

Name _____ Birthdate _____

Home phone _____ Time Available _____

Cell phone _____ Time Available _____

OK to leave a message? yes no Does phone require caller ID? yes no

**PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH WILL HELP US
DESIGN YOUR PLAN OF TREATMENT**

1. Why are you interested in Suboxone treatment?

2. Have you been previously treated with Suboxone? yes no

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 _____

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?

**INTAKE QUESTIONNAIRE page 2 of 3
FOR PROSPECTIVE SUBOXONE PATIENT**

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

9. What benefit do you expect from Suboxone?

10. Is anyone in your home actively addicted to drugs or alcohol? yes no
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 provide for your medical care during this time?

14. What other past and present medical problems do you have? Please list:

16. 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

I have completed this form truthfully and to the best of my ability.

Signature _____ Date _____

INTAKE QUESTIONNAIRE page 3 of 3
INSURANCE INFORMATION

Please contact your insurance company before completing this form. If your treatment will be covered by insurance, the following information is required.

Patient Name _____ DOB _____

Insurance Company _____

ID # _____ Group # _____

Guarantor _____ Relationship _____

Ins. Contact phone _____ Contact Name _____

What date did you contact your insurance company? _____

What is the name of the representative with whom you spoke? _____

Does your insurance require prior authorization? _____

Is authorization managed by Behavioral Health/Chemical Dependency Dept? _____

Does your insurance require referrals? _____

May referrals be requested by the patient? _____

Must referrals be requested by your primary care doctor? _____

If so, name of your primary care doctor _____

Are you already authorized for outpatient treatment? _____

How many visits have been authorized? _____

FOR OFFICE USE ONLY

DATE _____ # OF VISITS AUTHORIZED _____ VISITS USED 1 2 3 4 5 6 7 8 9 10

NOTES _____

DATE _____ # OF VISITS AUTHORIZED _____ VISITS USED 1 2 3 4 5 6 7 8 9 10

NOTES _____

DATE _____ # OF VISITS AUTHORIZED _____ VISITS USED 1 2 3 4 5 6 7 8 9 10

NOTES _____

DATE _____ # OF VISITS AUTHORIZED _____ VISITS USED 1 2 3 4 5 6 7 8 9 10

NOTES _____

DATE _____ # OF VISITS AUTHORIZED _____ VISITS USED 1 2 3 4 5 6 7 8 9 10

NOTES _____



SUBOXONE INSTRUCTIONS FOR INITIAL APPOINTMENT

1. Arrive early to complete paperwork.
2. Bring all pill bottles.
3. Bring valid photo ID. Bring insurance card if insured.
4. Bring a driver.
5. Lab charges at PacLab will be billed to you or to your insurance.
Bring proof of insurance if you want PacLab to bill for you.
6. **Must be in withdrawal** to insure treatment is started the first day.
7. No Methadone for at least 2 days. Methadone dose for prior 7 days **must be less** than 31mg/day.
8. No narcotics for at least 12 hours and preferably 24 hours.
9. Plan to be drug tested for alcohol, marijuana, and other drugs.
10. First appointment will last up to 3 hours with a return to the clinic 2 hours after the test dose of Suboxone is given.
11. Fill your prescription at the pharmacy after 2 hour follow up visit.

Please write in your appointment times:

APPT. #1 Time _____ Date _____

APPT. #2 Time _____ Date _____

APPT. #3 Time _____ Date _____



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 may 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. They will need to see other physicians for these illnesses. We will not do HIV treatment in our clinic. You will need to seek the assistance of specialists elsewhere for this problem.

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 successful withdrawal will only come when there has first been a change of heart and mind about God's purpose in his or her life.

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 AI-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.

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 pills, in a separate bottle, 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 go 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

FOR FAMILY MEMBERS

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 members 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 (sometimes called “family dynamics”) 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 awhile.

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.