

## Opioid Agonist Therapy (OAT) Treatment Agreement

Client Name: \_\_\_\_\_

1. Staff will treat me with courtesy and respect. Opioid Use Disorder does not define who I am or how I should be treated.
2. My treatment team can consist of physicians, nurse practitioners, pharmacists, nurses, medical office staff and social workers. They may discuss my care amongst each other however they will only share information that is medically relevant and necessary. Anything else I say will remain confidential with whom I am speaking.
3. My treatment team does not believe that punishment is the solution to addiction. My carried doses will not be taken away and I will not be discharged from the program against my wishes unless there are valid safety concerns. It is safer to take medications prescribed to me than to return to street use.
4. I agree to follow the dosing instructions as outlined by my treatment team so that I am safe with my medication.
5. I understand that when on Opioid Agonist Therapy (OAT), taking any other narcotics such as Codeine, Morphine, Oxycodone, Fentanyl, Heroin and other substances, **especially** alcohol and benzodiazepines such as Valium, Ativan, Clonazepam and others could be dangerous. These drugs may interact with opioid agonist therapy and cause overdose, coma or death. Stopping my opioid agonist therapy and restarting later at the same dose without medical direction could result in my death. Sharing my opioid agonist therapy with another person could cause their death.
6. I may be asked to attend the pharmacy daily for supervised dosing; this is not because the program doesn't trust me, it is so that my medication can be monitored safely while I get started on treatment or due to other safety concerns.
7. I understand that I will become physically dependent on OAT and will experience withdrawal symptoms if I suddenly stop taking the medication. OAT is a long term treatment.
8. I understand opioid agonist therapy may cause drowsiness, especially when starting treatment, or when I receive dose increases. As a result, this may impair my ability to operate a motor vehicle. If I experience drowsiness, I will inform my treatment team.
9. I will inform my treatment team if I am prescribed any new medications or start taking new over the counter or other treatments, this is so that the team can make sure the combination of medications is safe for me.
10. Carried doses are available to me as I show clinical stability. I can show stability by attending my appointments, staying in good contact with staff and through occasional drug testing.
11. For carries, it is a requirement that I have a safe storage spot in my home to avoid accidental ingestion, theft, or misplacement. Please note: Lost doses are a big deal. They could be a sign that my situation is not stable enough for me to

manage medications at home. In most circumstances, lost doses will not be replaced.

12. My treatment team is available to assist me to connect with other community resources to support my recovery. I have the right to choose what kinds of other supports I need.
13. I am in charge of my care. I have the right to help my care team make decisions, including making care plans in advance.
14. I will also inform the team if I am moving, working, or have other changes requiring a new prescription with as much notice as possible.
15. If I cannot attend an appointment, I will notify the office and make other arrangements with as much notice as possible.

***Optional Goals:***

<b><u>Goal (Something you want to achieve by being on OAT)</u></b>	<b><u>Timeline</u></b>

**Signatures:**

\_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Name**

\_\_\_\_\_  
**Date**