



## **Medication Assisted Treatment (MAT) Therapy Agreement**

### **PART 1: Medication and Dose**

Your final dose will be determined at the end of the first week. Sometimes we will need to go up or down depending on cravings and side effects.

Your starting dose and medicine will be: \_\_\_\_\_

You will take it as follows: \_\_\_\_\_

\_\_\_\_\_

### **PART 2: Goals of Treatment**

Your cravings may not completely go away with MAT Therapy. However, we hope it can make them less strong so you can live your life to the fullest. During rough times it's important to know why you want to stay away from opiates or other substances. What are your goals? What do you hope to do?

**My Goals:**

### **PART 3: Patient Responsibilities**

MAT Therapy is generally safe when used as prescribed. It can be dangerous in the wrong hands. It is your responsibility to make sure you are the only person taking your medicine and that you take it the way your Provider has written.

**I will:** *(please initial)*

\_\_\_\_\_ I will tell all my other Providers that I am taking MAT Therapy approved medications and cannot take any other medications like Norco, Vicodin, and Percocet unless prescribed by my MAT Therapy provider. If I am prescribed medicine for an accident, surgery or dental procedure, I will call my provider(s) and let them know.

\_\_\_\_\_ I will tell my doctor about **ALL** of the medicines, including over-the-counter, herbs, vitamins, and those ordered by other Providers, that I am taking.

\_\_\_\_\_ I will tell my Providers about all of my health problems.

\_\_\_\_\_ I will provide a urine or blood sample or oral swab anytime or as requested.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
DOB



- \_\_\_\_\_ I will only get my MAT Therapy approved medications from my Provider during a scheduled appointment.
- \_\_\_\_\_ I will schedule an appointment with a drug/alcohol counselor as often as they recommend.
- \_\_\_\_\_ I will not go up on my dose without getting the permission of my provider first.
- \_\_\_\_\_ I will not mix this medicine with alcohol.
- \_\_\_\_\_ I will not mix this medicine or Benzodiazepines like Xanax, Valium or Klonopin unless prescribed by my MAT Therapy Provider.
- \_\_\_\_\_ I will keep my MAT Therapy approved medications in a safe place AND away from children.
- \_\_\_\_\_ I will get my MAT Therapy approved medications from only one pharmacy.  
Pharmacy of Choice: \_\_\_\_\_
- \_\_\_\_\_ I will bring all of my unused MAT Therapy approved medications in their original pharmacy bottles to my office visits or when requested. He or she may count the number of pills left in my bottle(s).
- \_\_\_\_\_ I will try treatments that my Provider suggests, including regular social work and behavioral health follow up.

**My plan for keeping medications safe:**

**I will NOT:**

- \_\_\_\_\_ I will not share, sell or trade my MAT Therapy approved medications with anyone.
- \_\_\_\_\_ I will not use someone else's medicine(s).
- \_\_\_\_\_ I will not alter my urine sample (e.g. add water, uses someone else's urine).
- \_\_\_\_\_ I will not ask my Provider for extra/early refills if I use up my supply before my next appointment.
- \_\_\_\_\_ I will not ask my Provider for extra refills if my medicine or prescription is lost or stolen.
- \_\_\_\_\_ I will not come in without an appointment wanting a refill.
- \_\_\_\_\_ I will not use alcohol while taking MAT Therapy medications.
- \_\_\_\_\_ I will not use any sedatives unless approved by my medical provider.

**My PROVIDER will:**

Work with me to find the best treatment for my addiction.  
Refer me for additional help if this program is no longer the best one for my needs.



**PART 4: Side effects and Consequences**

- \_\_\_\_\_ This is a controlled medication that may result in withdrawal symptoms when stopped immediately.
- \_\_\_\_\_ Side effects like constipation and nausea may happen when using this medicine.
- \_\_\_\_\_ Taking this medicine when using other opiates/substances can make me go into withdrawal.
- \_\_\_\_\_ Constipation is especially common and can be treated with over the counter medications.
- \_\_\_\_\_ Drinking alcohol or using sedatives can be dangerous when mixed with MAT Therapy approved medications including leading to death, brain damage, and permanent intellectual disability.
- \_\_\_\_\_ I will not be able to continue care at Family Health Services if I ever steal, forge prescriptions, sell or give away my medicine or disrespect the clinic staff.
- \_\_\_\_\_ I face the possibility of getting dismissed from the MAT Therapy program if I am repeatedly positive for using illicit drugs, un-prescribed medications/street drugs per prescriber’s discretion.
- \_\_\_\_\_ If my goals (in Part 2) are not reached, my Provider may stop my MAT Therapy approved medications.
- \_\_\_\_\_ If I do not follow this agreement or if my Provider thinks that my medicine is hurting me more than it is helping me, my Provider:
  - Will continue to be my primary care Provider but will stop my MAT Therapy approved medications.
  - Will refer me to a specialist for treatment of pain and/or drug problems.

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**PART 5: Agreement**

I have read and understand the material in this form. I have been offered a copy of this for my records. I will do my best to stick to the rules, and understand if I cannot I will be referred to another program for addiction help.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
Date