

**Contingency Contract for the Buprenorphine Program**

Date:

I understand that I have tested positive for, or admitted the use of, sedative/hypnotic substances or alcohol while being prescribed buprenorphine. I have been informed that mixing buprenorphine and sedative/hypnotic substances or alcohol can result in serious impairment of behavior, health or death.

I have further been informed that if I test positive for, or admit the use of, sedative/hypnotic substances or alcohol my doctor will no longer prescribe buprenorphine for me. My doctor has explained that this is not a punishment, but rather this is motivated by a concern for my safety; my doctor won't prescribe buprenorphine if it is being used in a way that can lead to an increased chance of death.

I have been told that if I test positive for, or admit the use of, sedative/hypnotic drugs or alcohol a second time I will be given a brief taper of buprenorphine and will be discharged from the clinic.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name