



Clay Pavlis, MD

BUPRENORPHINE AND CONTROLLED SUBSTANCE TREATMENT AGREEMENT

Patient Name: _____

I request that Midwest Wellness Institute (MWI) provide buprenorphine treatment to me for opioid addiction. I freely and voluntarily agree to accept this treatment agreement, as follows:

1. I agree to conduct myself in a courteous manner in all interactions with the provider, other people in the building, and MWI staff.
 - a. This includes, but is not limited to, obscene language, verbal abuse, sexual innuendos, excessively calling the office, etc.
2. Prior to my first appointment, I agree to the following:
 - a. It is my responsibility to contact my insurance company to determine coverage and any required documentation I will need to file my claim. MWI does not file insurance claims.
 - i. MWI will provide the documents required by my insurance company if I request them.
 - b. I will read, agree to the terms of, and sign this agreement.
 - i. MWI will adequately answer any questions I have prior to signing.
 - ii. I will not be scheduled for an appointment until I have signed the agreement.
 - c. I agree to sign a consent for release of information, if needed, to allow MWI to exchange information with my outside counselor, treatment program, primary care provider, probation or parole officer, etc.
 - d. I will pay the \$250.00 fee.
 - e. My first appointment will be scheduled for one hour.
 - i. Subsequent appointments will be scheduled for 30 minutes.
 - ii. My second appointment will be in 2 weeks.
3. I agree to keep, and be on time to, all my scheduled appointments with the provider and his/her assistants. If I am unable to keep my appointment, it is my responsibility to call and reschedule my appointment.
 - a. I agree that my prescriptions can only be given to me at my regular office visits, except for clinic scheduling issues or unusual circumstances.
 - b. Any missed office visits will result in my inability to get my medication until the next scheduled visit.
 - c. In order to assist my provider in assessing my mental health, I agree to complete self-assessment forms at each visit to include, but not limited to the following:
 - i. Patient Health Questionnaire (PHQ-9).
 - ii. Generalized Anxiety Disorder Scale (GAD-7).
 - d. I agree to allow MWI to assess and document my weight, pulse, blood pressure, and respirations at each appointment.
4. I agree to pay all fees by noon 2 days prior to my appointment or my appointment will be cancelled. Failure to do so more than once may cause immediate termination of services.
 - a. Fees
 - i. First Visit - \$250.00
 - ii. Continuity of Care Visits - \$150.00
 - iii. No Show Fee - \$50.00
 - b. Any complaint filed with my credit/debit card company which results in my appointment fee rescinded from MWI will result in my responsibility to repay both the appointment fee and a fee of \$25.00 to cover

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charges incurred by MWI for the dispute. These fees must be paid, as well as any current fees, before I will be seen.

5. I agree I will not arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment. Immediate termination may ensue.
 - a. I agree to notify MWI if I relapse and be open and honest during my appointments about relapses.
 - b. Urine drug screens will be conducted at random intervals.
 - i. I agree I will not tamper with my urine sample. Providing a urine sample that does not fully come from my own body at the time of the request may result in termination of care.
 - c. Medication counts will be conducted at random intervals.
6. I agree not to deal, steal, or conduct any other illegal or disruptive activities in, or in the vicinity of, MWI.
7. I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement (and the law) and would result in my treatment being terminated without recourse for appeal.
 - a. I understand that the use of buprenorphine/naloxone by someone who is using opioids could cause them to experience severe withdrawals. Stopping buprenorphine in itself can cause prolonged opiate withdrawals.
8. I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place.
 - a. Lost medication will not be replaced.
 - b. If my medication is stolen, it will only be replaced if I provide MWI with an official police report of the theft.
 - c. My medication is to be kept out of the reach of children at all times.
9. I agree I will not obtain medications from any other physicians, pharmacists, or other sources without informing my treating provider.
 - a. I agree to use a single pharmacy to fill all my buprenorphine prescriptions.
 - i. I will provide the name and location of my pharmacy to MWI.
 - ii. **Pharmacy** _____
 - b. I agree to notify MWI if I change where I obtain my buprenorphine.
 - i. I will provide the name and location of the pharmacy to MWI.
 - c. MWI will routinely access the State Prescription Drug Monitoring Program (PDMP) to ensure I am not receiving controlled substances from other providers.
10. I understand that mixing buprenorphine with other medications, especially benzodiazepines, is dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with other drugs or alcohol.
11. If I alter or forge my prescription, I understand that my care will be immediately terminated and that my felonious actions will result in notification to legal authorities.
12. I agree to take my medication as the doctor or his/her assistant has instructed, and I will not alter the way I take my medication without first consulting the doctor.
13. I understand that I will be required to meet in person with my provider or his/her assistant on a monthly basis for a minimum of 6 months. Failure to comply with my treatment plan will result in immediate termination of services.
 - a. It is my responsibility to schedule my next appointment.

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- b. Following the minimum 6 months, at the discretion of my provider, my appointments may be extended to every 3 months.
 - c. After 6 months, at the discretion of my provider, I may be able to utilize telehealth using a HIPPA compliant connection.
 - d. After 1 year, at the discretion of my provider, my appointments may be extended to every 6 months.
14. Failure to comply with any part of this agreement can result in either an immediate termination of care or a progressive path to termination.
- a. Upon termination you will be provided a 30-day refill of your medication to allow you time to locate a new provider.
15. I understand that medication alone is not sufficient treatment for my disease and I agree to participate in additional treatment in some form to assist me in my treatment for at least the first 6 months of buprenorphine treatment. Examples include, but are not limited to the following:
- a. Individual psychotherapy
 - b. 12-Step meetings
 - c. Outpatient treatment
16. I understand that there are alternatives to buprenorphine treatment for opioid addiction including the following that my provider will discuss with me and provide a referral if I request it:
- a. Medical withdrawal and drug-free treatment
 - b. Naltrexone treatment
 - c. Methadone treatment

THE FAILURE TO PLAN ON MY PART DOES NOT CONSTITUTE AN EMERGENCY ON THE PART OF MIDWEST WELLNESS.

Patient Signature

Date