



Chapter 3B Appendix

Sample Standard Consent to Opioid Maintenance Treatment Form for OTPs

CONSENT TO PARTICIPATE IN METHADONE OR BUPRENORPHINE TREATMENT

Patient's Name: _____ **Date:** _____

I authorize and give voluntary consent to _____ [insert name of program] to dispense and administer medications—including methadone or buprenorphine—to treat my opioid use disorder. Treatment procedures have been explained to me, and I understand that I should take my medication at the schedule determined by the program physician, or his/her designee, in accordance with federal and state regulations.

I understand that, like all other medications, methadone or buprenorphine can be harmful if not taken as prescribed. It has been explained to me that I must safeguard these medications and not share them with anyone because they can be fatal to children and adults if taken without medical supervision.

I also understand that methadone and buprenorphine produce physical opioid dependence.

Like all medications, they may have side effects. Possible side effects, as well as alternative treatments and their risks and benefits, have been explained to me.

I understand that it is important for me to inform any medical and psychiatric provider who may treat me that I am enrolled in an opioid treatment program. In this way, the provider will be aware of all the medications I am taking, can provide the best possible care, and can avoid prescribing medications that might affect my treatment with methadone or buprenorphine or my recovery.

I understand that I may withdraw voluntarily from this treatment program and discontinue the use of these medications at any time. If I choose this option, I understand I will be offered medically supervised withdrawal.

For women of childbearing age: Pregnant women treated with methadone or sublingual or buccal buprenorphine have better outcomes than pregnant women not in treatment who continue to use opioid drugs. Newborns of mothers who are receiving methadone or buprenorphine treatment may have opioid withdrawal symptoms (i.e., neonatal abstinence syndrome). The delivery hospital may require babies who are exposed to opioids before birth to spend a number of days in the hospital for monitoring of withdrawal symptoms. Some babies may also need medication to stop withdrawal. If I am or become pregnant, I understand that I should tell the medical staff of the OTP right away so I can receive or be referred to prenatal care. I understand that there are ways to maximize the healthy course of my pregnancy while I am taking methadone or buprenorphine.

Signature of Patient: _____ **Date of Birth:** _____

Date: _____ **Witness:** _____

Adapted from material in the public domain¹⁵⁷