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FAMILY MEDICINE | ADDICTION MEDICINE | MENTAL HEALTH  
www.hhfamilymedicine.com

Patient: \_\_\_\_\_ DATE \_\_\_\_\_

**SUBOXONE REGULATIONS Followup Reminder**  
**I AM SIGNING HERE TO INDICATE THAT I WILL ACTUALLY**  
**READ ALL OF THE BELOW BEFORE INITIALLING.**

**SIGN** \_\_\_\_\_ **WITNESS** \_\_\_\_\_

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**THE PURPOSE OF SIGNING THIS FORM IS TO RE-INFORM YOU OF THE ALREADY EXISTING RULES AND REGULATIONS BY WHICH WE DISPENSE AND PRESCRIBE SUBOXONE MEDICATION. WE DO THIS BECAUSE PATIENTS MAY AT TIMES FORGET AND WE WOULD LIKE TO MAKE THE PROCESS AS SEEMLESS AS POSSIBLE.**

**I HAVE BEEN LICENSED BY THE STATE OF COLORADO AND THE DEA (DRUG ENFORCEMENT AGENCY) TO PROVIDE SUBOXONE TO PATIENTS FOR THE TREATMENT OF OPIOID DEPENDENCE. PRACTICING ADDICTION MEDICINE REQUIRES A SPECIALIZED GOVERNMENT LICENSE AND ALTHOUGH IT IS IN EVERYONES INTEREST TO TREAT AS MANY PATIENTS AS WE CAN FOR THIS PROBLEM, THE GOVERNMENT HAS PUT INTO PLACE VERY STRICT RULES. THESE DEA REGULATIONS ARE SO RIGID THAT I MUST OBSERVE THEM IN ORDER TO PROVIDE YOU WITH THIS MEDICATION. I WILL FOLLOW THESE RULES TO THE LETTER IN ORDER TO MAINTAIN COMPLIANCE. THERE ARE NO EXCEPTIONS TO THIS.**

**PLEASE DO NOT ASK FOR EXCEPTIONS AS THEY WILL NOT BE GRANTED.**  
**ANDREAS EDRICH MD**

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-You may NOT make any adjustments to your Suboxone without my prior approval- ever. Doing so may cause discharge from the program. **Initial** \_\_\_\_\_

-You must make office visits each and every month- no exception, for all refills. DEA requires this. **Initial** \_\_\_\_\_

-We will under NO circumstances EVER prescribe more than ONE months worth of medication ever. We do not send prescriptions to ANY mail-away prescription service. **Initial** \_\_\_\_\_

-If you fail to show for 3 office visits, i may discharge you from the program. There are too many patients waiting in line that really want this treatment. You must be serious and committed to this cause and demonstrate this. **Initial** \_\_\_\_\_

-Please do not call in the last minute when you run out of medications and expect us to get you in anytime. You have 30 days notice when you will run out. please plan accordingly. For example, if i am working in

the office on Thursday or Friday, you may not get your refill till Monday. Withdrawals are not fun so please plan ahead. We can accommodate your needs almost anytime, but maybe not in the last minute.

**Initial**

-I will follow-up with you as needed to make adjustments to your medication regimen. If deemed necessary, i will call you back for any issues. I will only call back after hours if it is truly needed for the purpose of adjustments. Do not expect calls after hours or weekends unless its an emergency. Please note that losing your medicine is not an emergency.

**Initial**

-Guard you medications like your cash. They will NOT be refilled. If you lose them or if they are stolen, you will go thru withdrawal until your next refill. This will not be fun. Guard them extremely well. The DEA doesn't care about why you lost it.

**Initial**

-We are obligated by the DEA to do random urine drug tests. I will ask you what other drugs I will find on the urine test before doing this. Additional drug use or non-compliance will lead to termination at my discretion. I never judge patients for relapses but I do expect honesty and compliance and an effort at remaining drug free. If you fail a drug test expect to give me a written explanation that I can log for the DEA so that I can even consider continuing you on suboxone.

**Initial**

-I expect you to understand (and sign) that you realize that Suboxone is a form of narcotic and that if you drive any vehicle (motor or otherwise) you may cause accidents that can harm or kill you or others. In addition, you may be charged with a DUI if you drive while on any narcotic including Suboxone. I am telling you here and now that you may NOT drive within 12 hrs of taking Suboxone. If you feel you can drive safely, that is your choice but it is against my medical advice.

**Initial**

-You will NOT share this medication with anyone else EVER. If you do, I will discharge you immediately and am obligated to report this to the police and the DEA as this puts my profession and license on the line. This will not be tolerated, even once.

**Initial**

-I may request random urine testing throughout the program. If we call you do drop off a urine specimen, I will expect a sample within 12-24 hours. I must do this to prove to the DEA that I am in compliance. If you fail to provide the requested samples as directed, you may be discharged from the program.

**Initial**

-Please note that it is your responsibility check out your insurance and see if they will pay for suboxone. A few insurances require prior authorizations. We will do this as a courtesy for patients as long as the insurances don't keep us on the phone for a long time. We will not sit on the phone with insurance companies for extended periods of time as its a waste of our time and resources. We will leave this to the owner of the insurance- you.

**Initial**

-Please note that you may be required to participate in and intensive outpatient program to help you gain the tools to succeed. We will let you know if this is mandatory or voluntary but compliance will be expected and may be up to 12 weeks, three times per week. Doing therapy is an extremely valuable part of any addiction therapy and if your progress does not go as favorable as expected (relapses, failed urine tests, etc) we may decide to request that you participate in such therapy and will make this mandatory as we feel that therapy is such a crucial component of success.

**Initial**

-SIGNING BELOW INDICATES THAT I HAVE READ EVERY LINE ITEM ABOVE, UNDERSTAND THE WRITTEN ENGLISH LANGUAGE AND HAVE HAD A CHANCE TO ASK QUESTIONS ABOUT EVERY ITEM. YOU UNDERSTAND THAT AT ANY TIME IF YOU HAVE ANY QUESTIONS AT ALL ABOUT THESE REGULATIONS YOU MAY CALL OUR OFFICE AT 303-792-3333 AND GET AN ANSWER.

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ANDREAS J. EDRICH MD \_\_\_\_\_