



## QuickMD Treatment Agreement for Medication-Assisted Treatment with Buprenorphine (Suboxone) via Telemedicine

I agree to accept the following treatment contract for telemedicine-based opioid addiction treatment with buprenorphine-containing medications:

1. I will keep my medication in a safe and secure place away from children (e.g., in a lock box).
2. I will take the medication exactly as my doctor prescribes. If I want to change my medication dose, I will speak with the doctor first. Taking more than my doctor prescribes OR taking it more than once daily as my doctor prescribes is medication misuse and may result in termination of the treatment with the necessity for supervised dosing at a clinic. Taking the medication by snorting or by injection is also medication misuse and may result in termination of the treatment agreement with the need for referral to a higher level of care, or change in medication based on the doctor's evaluation.
3. I will try schedule my follow-up appointments a few days before my medication runs out to avoid any last-minute problems or issues at the pharmacy (e.g. the pharmacy being out of stock etc.)
4. I understand that once a pharmacy successfully dispenses buprenorphine for me, QuickMD generally cannot change the pharmacies for subsequent buprenorphine prescriptions, as this will lead to red-flag in the state's prescription monitoring program. I understand that pharmacies can only be changed for extraordinary circumstances.
5. I agree not to obtain or take prescription opioid medications prescribed by any other doctor—unless this is discussed with the QuickMD care team.
6. If I am going to have a medical procedure that will cause pain, I will let my doctor know in advance so that my pain will be adequately treated.
7. If I miss an appointment or lose my medication, I understand that I will not get more medication until my next office visit. Lost or stolen medications may lead to a termination in the treatment agreement.
8. I furthermore understand that if I had a consultation and no prescription is dispensed because of violation of the treatment agreement, no refund will be issued. I also do not qualify for a refund if the pharmacy already dispensed the prescribed medication(s). For issues regarding your care I understand that I need to contact support at [support.quick.md](mailto:support.quick.md). I cannot be issued any refund if I make duplicate appointments for any reason.
9. I understand that it is illegal to give away or sell my medication – this is diversion. If I do this, my treatment contract will be terminated, and I will be reported.
10. While most states do not require drug testing, I understand that random urine drug testing may be required at the discretion of the doctor or based on requirements of individual states. If it is decided that you need to get drug tested, you will be referred to either LabCorp or Quest Diagnostics for specimen collection within 2 business day.
11. I agree that I will only use this service if I am a resident in one of the listed eligible states where QuickMD can prescribe buprenorphine.
12. I understand that if I get started or re-started on Suboxone, the initial prescriptions will be for 7 days; once I have been stabilized on a dose, a 28-day prescription may be appropriate.

13. I understand that people have died by mixing buprenorphine with other drugs like alcohol and benzodiazepines (drugs like Valium®, Klonopin® and Xanax®) and that these medications should not be combined with buprenorphine (Suboxone®)
14. I understand that treatment of opioid addiction involves more than just taking my medication. I agree to comply with my doctor's recommendations for additional counseling and/or for help with other problems and that I will let the QuickMD care team know if I need a referral to digital counseling (free for households making <\$85k a year)
15. I understand that there is no fixed time for being on buprenorphine and that the goal of treatment is to stop using all illicit drugs and become successful in all aspects of my life.
16. I understand that I may experience opioid withdrawal symptoms when I go off buprenorphine.
17. I am aware of the other two FDA-approved medications for opioid dependence treatment, methadone and naltrexone.
18. If female, I am aware of the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and offered methods for preventing pregnancy.
19. If female, I am aware of the effects of poor diet, illicit opioid use, use of dirty needles/sharing injection equipment, physical and mental trauma, and lack of pre-natal medical, substance use and mental health care during pregnancy and how these things can adversely affect my health and my current or future fetus/newborn's health. I understand that neonatal abstinence syndrome can occur when taking illicit opioids and that neonatal abstinence syndrome (NAS) is less severe, but can still occur, when pregnant women take methadone or buprenorphine as prescribed/dispensed in substance use disorder treatment. Cigarette smoking can make the severity of NAS worse and cause pre-term birth and small babies. Alcohol use can cause significant cognitive/brain damage in fetuses and newborns.
20. I understand that Medication-Assisted Treatment with buprenorphine via telemedicine (Tele-MAT) is a new modality and as such has certain limitations over in-person treatment programs. I am aware of these limitations and am aware that no specific results can be guaranteed or assured.
21. I understand that I may receive emails to the email address that I used to sign up which may contain sensitive information and I will make sure that no unauthorized person will have access to my email account.
22. I understand that I will always need to treat the staff with respect, without cursing or yelling, and if I violate this, my treatment will be terminated. No refund will be issued when violating our treatment agreement, regardless of any prescription being sent or dispensed.

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### Consent to Receive Telemedicine Care

As the patient (or as the legal guardian or healthcare conservator of the patient) and user for this telemedicine consultation, I voluntarily give my permission to the health care providers of QuickMD LLC and such assistants and other health care providers as they may deem necessary to provide medical services to me. I understand by signing this form, I am authorizing them to treat me for as long as I seek care from QUICKMD LLC, or until I withdraw my consent in writing.

By filling out this intake form I will help my doctor assess the suitability of using telemedicine services by verifying my full name, my current location, my readiness to proceed. By signing this consent, I understand and agree to the following:

1. Our QuickMD doctors can only treat patients when residing in one of these states. and I agree that I will only use this service if I am a resident in one of the states and I acknowledge that the QuickMD doctor may not be able to assist me when I am located in any other state or country.
2. Care by QuickMD LLC or a QuickMD consultation does not replace the need for ongoing care by a primary care doctor; after a consultation for an acute complaint I understand that QuickMD always recommends talking to my primary care doctor within a week at the latest to discuss the symptoms.
3. I reviewed on <https://quick.md> the conditions that QuickMD may be able to take care of and the ones that QuickMD is not able to take care of. I acknowledge that this service is not intended to treat dangerous life and limb-threatening emergencies. If I require emergency care, I am aware that telemedicine is not the right type of care, and I should call 911 or proceed to the nearest hospital emergency room for help.
4. I acknowledge that the limit for prescriptions is 5 per consultation and QuickMD never prescribes controlled-substances other than buprenorphine (Suboxone), other high-risk medications, or medications that are not medically indicated and

that a consultation does not guarantee a prescription or doctor's note when not clinically indicated.

5. I submit to the exclusive jurisdiction of the California state superior courts and agree that any claim, lawsuit, or other legal proceeding arising out of or relating to the telemedicine services provided by my doctor and my doctor's staff will be brought solely and exclusively in California state superior courts. I also agree that the interpretation of this consent will be exclusively governed by and construed in accordance with the laws of California.
6. While I may expect anticipated benefits from the use of telemedicine, no specific results can be guaranteed or assured.
7. If my doctor believes at any time that another form of service (for example, a traditional in-person consultation) would be appropriate in the situation, my doctor may discontinue the telemedicine consultation and recommend an in-person consultation. In that case I may request to get a refund for the consultation.
8. I am comfortable with using electronic communications technology to communicate with my doctor and understand there are limitations to the technology which may require an in-person consultation. If I request a video-consultation, I agree to have the necessary computer, equipment and internet access for my telemedicine communications. I also agree to try my best to arrange for a location with sufficient lighting and privacy and is free from distractions and intrusions during my telemedicine communications. If there is a technical problem with the video, I agree that the QuickMD LLC doctor may complete the consultation through a phone call.
9. The laws that protect privacy and the confidentiality of my medical information also apply to telemedicine. The medical information that is transmitted electronically by my doctor to me will be encrypted during transmission and will be stored only by my doctor or a

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service provider selected by my doctor. I understand the dissemination of any personally-identifiable images or information from the telemedicine communication to researchers or other healthcare providers will not occur except as required by federal or state law.

10. I understand my risks of a privacy breach increase substantially when I enter information on a public access computer, use a computer that is on a shared network, allow a computer to "auto-remember" usernames and passwords, or use my work computer for personal communications.
11. I acknowledge that QuickMD providers may email me information relating to my consultation or follow up with me using the email address I provided. I am aware that information sent by email may not always be fully secure. If I do not want to receive any emails regarding my visit, I will let my doctor know during the consultation. I have the right to access my medical information and obtain copies of my medical records in accordance with state law.
12. If I am in the medication-assisted program (Tele-MAT) and am prescribed buprenorphine (Suboxone), I will adhere to the Treatment Agreement and I understand that if I violate that agreement that my treatment will be terminated.

I read and understand the information provided in this document. I discussed any questions I may have had with QuickMD beforehand and all of my questions were answered to my satisfaction.

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### *Buprenorphine Treatment*

Buprenorphine is a medication used to treat people with dependence on opioids, such as heroin, oxycodone, or hydrocodone. Buprenorphine is an opioid that can be used to replace the opioids you are abusing, prevent the withdrawal sickness, and help you heal.

Buprenorphine treatment is flexible and can last as long as needed to help prevent relapse. When a patient and physician agree that it is time to decrease the medication, the dose will be decreased slowly to help prevent withdrawal sickness.

Buprenorphine treatment is a tool to help patients recover from opioid use disorder, but taking this medication alone is not considered enough treatment to help patients get better, and patients will be required to participate in other forms of treatment such as counseling or 12-step programs.

### *How It Is Taken*

Buprenorphine is available in a film or tab which is buprenorphine mixed with a medication called naloxone. This film will work *only* if you leave it under your tongue and let it completely dissolve. Even though it may have a bad taste, you cannot eat or drink while taking the medicine, because if you swallow it, it will not work.

### *Risks of Buprenorphine Treatment*

Like other opioids, after taking buprenorphine for a while, you will feel withdrawal sickness if you stop taking it suddenly. Combining buprenorphine with alcohol, other opioids or other medications such as Valium, Xanax, Klonopin, or Ativan can result in death. If you are not in withdrawal when you take buprenorphine, you may experience precipitated withdrawal caused by taking buprenorphine too soon after taking another opioid. Precipitated withdrawal is a type of withdrawal related to taking buprenorphine for opioid treatment that can be sudden and particularly intense. If you are taking another strong opioid and inject buprenorphine, it will cause severe opioid withdrawal.

Buprenorphine may make you constipated, or feel tired or sleepy. You should not drive a car or

operate machinery while taking this medicine.

### *Alternatives to Buprenorphine Treatment*

Buprenorphine treatment is not right for everyone. Some patients may have problems with their physical or mental health that make them ineligible for treatment. Other patients may need more intensive treatment to get better. Treatment options include in-patient detoxification or treatment in a residential program that provides a medication-free treatment focus.

Another form of opiate maintenance therapy is methadone maintenance, which may be more appropriate for some clients and may be less expensive than buprenorphine treatment. In addition, Naltrexone or Vivitrol are medications that block the effect of opiates, but have no opiate effect of their own.

If you do not qualify for or do not want buprenorphine treatment, we can help refer you to other forms of treatment, including:

- Methadone maintenance: where patients go to a program and get methadone every day to help prevent withdrawal sickness and drug abuse
- Inpatient detoxification: where patients are admitted to a hospital or treatment program and receive treatment for the withdrawal sickness for a few days.
- Outpatient treatment: where patients go for counseling but do not typically receive medications to treat withdrawal sickness
- Residential treatment: where patients work on recovery skills while living away from home with other patients recovering from addiction

### *Contact*

To reach QuickMD, call [\(888\)-8-QUICKMD](tel:888-8-QUICKMD). After hours, [call our number and we will assist as we can](#). If you are experiencing a life-threatening emergency, call 911 or go to your nearest emergency room for help.

**I, (“Patient/Client”) have read and understand**

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**the above, as well as the following (initial each line as it is reviewed):**

I understand that buprenorphine is used to treat opioid use disorder, and does not directly help with abuse of alcohol or other substances such as cocaine or amphetamines.

I agree to take buprenorphine only as prescribed by my physician, and will not adjust the dose on my own.

I agree that if I am having any side effects from buprenorphine, I will notify my physician immediately.

I understand that I must inform my physician of current medical conditions and any current, or changes to, medications I am taking.

I understand that taking lower doses of buprenorphine will decrease the chances of having side effects or other problems with buprenorphine. I will work with my physician to find the lowest dose of the medicine that helps.

I agree to discuss with my physician my prescribed medications, including benzodiazepines (such as Valium, Klonopin, Ativan or Xanax), stimulants (such as Ritalin, Concerta, Adderall or Vyvance), or other opioids. I may be asked to reduce or discontinue these medications. Mixing buprenorphine with some of the drugs listed above or with alcohol can be dangerous.

Buprenorphine will *block* the effect of opioid pain medications, including medicines given in emergencies and after surgery. I will notify all of my treating providers that I am taking buprenorphine medication.

I agree to safely manage my buprenorphine prescription. It is recommended I use a locked safe. Buprenorphine can cause death to children, other adults, or pets. I will call the poison control center or 911 immediately if anyone besides me takes the medication. I will report stolen medication to the police and to QuickMD. However, stolen medication will not be replaced.

### *Patient's Rights and Responsibilities*

I will not sell, share, or give my buprenorphine to another person. Such conduct may result in immediate termination of buprenorphine treatment.

I will comply with any required film/pill counts and urine drug screens, as applicable, and notify my physician immediately in case of lost, stolen, or damaged buprenorphine. Refills will not be prescribed earlier than scheduled.

I will comply with urine drug screens, if required by QuickMD or state law, which may be witnessed by a same-sex staff member. Refusing or tampering with a urine drug screen may result in discharge from treatment.

I will notify my physician or counselor before any urine test shows drug use.

I agree to notify my physician immediately in case of relapse to drug use, which can be life threatening.

I understand that I may withdraw voluntarily from treatment and discontinue buprenorphine treatment at any time by notifying the physician and discussing with the physician the risks of discontinuing medication.

I have been informed of QuickMD's rules regarding my conduct and responsibilities, including policies regarding diversion, mitigation, and non-adherence to my treatment plan.

I agree to comply with QuickMD's rules and regulations, and to comply with my QuickMD treatment plan.

I have been informed of my treatment rights related to buprenorphine treatment.

### *Pregnant Patients*

I understand that buprenorphine is not currently approved for use in women who are pregnant. Women who are pregnant require different medications and special treatment services to protect the woman and the baby. If I am pregnant,

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considering getting pregnant, or become pregnant, I will notify the physician immediately.

### *Alternative Treatment Options*

I understand that buprenorphine treatment is not right for everyone. If the physician decides that buprenorphine treatment is not safe or appropriate for me, he or she will help me get into another type of treatment program.

### *Patient Statement:*

I have read this form and discussed it with a medical care provider. I have had the opportunity to ask questions and would like to:

Start buprenorphine treatment