



METHADONE MAINTENANCE TREATMENT  
PATIENT AGREEMENT

I, \_\_\_\_\_ (print name), state that:

- I want to be started on a recognized methadone maintenance treatment program for opiate addiction and wish to continue on this program after incarceration in the community, or
- I have been on a recognized methadone maintenance treatment program for opiate addiction in the community and wish to continue on this program while incarcerated.

This program is specifically designed to help me deal with my problems of opiate dependence and assist me with the physical, psychological and social difficulties that often accompany problems of addiction. I understand that methadone treatment is likely to help me but I cannot be guaranteed that it will work in my particular case. If methadone is not effective for me, alternate treatment possibilities will be discussed with me.

Methadone is an opioid and, as such, its prescribing and dispensing are governed by a number of legal regulations. I understand that as a participant in this treatment program, I am agreeing to the following:

1. I will be provided with an initial assessment by a physician affiliated with BC Corrections for the purpose of determining whether methadone is appropriate and safe for me.
2. If accepted into the methadone program at the correctional centre, I agree to pick up my methadone during designated dispensing times and to take my medication as directed by health care staff in BC Corrections.
3. My methadone dose will be individualized to my needs and will be administered daily by witnessed ingestion followed by a glass of water that, when directed, I must consume prior to leaving the health care area. I must also comply with, at minimum, a 20-minute observation period after receiving methadone. Other measures may be added to ensure complete and safe administration of methadone.
4. I authorize the Province and BC Corrections to be my agents, and act on my behalf, for the purposes of possessing and transporting any doses of methadone prescribed for my use if I am away from the correctional centre for authorized purposes, including attendance at court. The Province and BC Corrections may use any person they choose as their agent for the above purposes.
5. I agree to provide the health care centre with the name of my community methadone physician for the purpose of exchange of information on my progress in the program and any other relevant medical information.
6. I authorize physicians working in BC Corrections and their representatives to release information about my methadone treatment to other physicians, pharmacists or health professionals who are or become involved with my care.
7. I accept that some medications, such as sedatives and narcotics, are inconsistent with my treatment plan and will not be prescribed for me. I will refrain from using mood-altering drugs including marijuana, tranquilizers, heroin, cocaine and alcohol while on the program.

8. I understand that when clinically indicated, at random and not less than once per month, I will be required to provide a witnessed urine sample before obtaining my methadone.
9. Urine drug tests that are positive for illicit drugs ('dirty urines') will result in a review of my treatment plan. Continued dirty urines while in custody may be cause for discharge from the methadone program. Any refusal to provide a urine sample or tampering with a urine sample will be treated as a 'dirty urine'.
10. I will not hide, divert, spit up, sell, trade or give my methadone or any part of my methadone dose to another person.
11. I agree not to buy, receive, sell or distribute illicit drugs.
12. I understand that BC Corrections is committed to maintaining a clinic environment that is safe for patients and staff and expects positive, respectful behaviour between people. Therefore, there will be no tolerance for threats or violent, abusive or destructive behaviour in the health care centre.
13. The main purpose of this program is to help me make positive changes in my life and avoid the use of illicit drugs. I understand that non-adherence to the rules of this program and lack of benefit or improvement in my condition will be taken as indications that the methadone maintenance program may not be an effective treatment for me. This will result in a review of my treatment plan and may lead to my discharge from the program.
14. Should termination become necessary, I will be placed on a planned medical withdrawal regime at the discretion of the treating physician.

***Pregnancy: (if applicable)***

As a woman, I fully understand that opioid dependence in pregnancy may be associated with an increased risk to the fetus and, if pregnant or planning a pregnancy, I must inform health care staff immediately.

My signature below indicates that I have read this treatment agreement (or have had it read to me) and have discussed it with a health care professional within BC Corrections. I understand the above rules and conditions of the contract and agree to them in full.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of physician/nurse upon  
admission to Corrections, or the  
initiating physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of treating physician  
at current centre

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of treating physician  
at current centre

\_\_\_\_\_  
Date