

INFORMED CONSENT FOR ADDICTION MEDICINE TREATMENT

Rivkin Addiction Medicine, PLLC

Aaron Rivkin, MD • 19100 Goddard Road, Suite 1, Allen Park, MI 48101

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|---------------------------|------------------|
| Patient Name | _____ |
| Date of Birth | _____ |
| Date of Consent | _____ |
| Treating Physician | Aaron Rivkin, MD |
| Effective Date | July 1, 2026 |

This document is designed to ensure you have the information needed to make informed decisions about your care. Please read it carefully and ask any questions before signing. Your signature below indicates that you have received and understood this information and consent to treatment. You may withdraw consent at any time.

1. Nature of Addiction Medicine Treatment

Rivkin Addiction Medicine, PLLC provides comprehensive, evidence-based addiction medicine care for a range of substance use disorders and related conditions. Conditions treated at this practice include, but are not limited to:

- Opioid use disorder (OUD)
- Alcohol use disorder (AUD)
- Stimulant use disorder (cocaine, methamphetamine, prescription stimulants)
- Cannabis use disorder
- Benzodiazepine use disorder and sedative-hypnotic dependence
- Nicotine dependence
- Chronic pain co-occurring with substance use disorder
- Other substance use disorders and behavioral health conditions as clinically appropriate

Treatment may include medications for addiction treatment, counseling referrals, care coordination, monitoring, and other evidence-based interventions tailored to your individual needs.

2. Medications Used in Treatment

Your provider will discuss which medication(s) are appropriate for your situation. Below is information about the primary medications used in this practice. You will receive specific informed consent information for any medication prescribed to you.

2.1 Buprenorphine-Containing Products (e.g., Suboxone, Zubsolv, Sublocade)

Buprenorphine is a partial opioid agonist used to treat opioid use disorder. Suboxone, Zubsolv, and similar combination formulations also contain naloxone, which helps deter misuse by injection.

Buprenorphine reduces opioid cravings and withdrawal symptoms, blocks the effects of other opioids, and stabilizes brain chemistry. It is typically taken as a sublingual (under the tongue) film or tablet once daily, or administered as a monthly subcutaneous injection (Sublocade).

Benefits

- Reduces opioid cravings and withdrawal
- Lowers risk of opioid overdose
- Supports engagement in recovery and daily functioning
- Reduces illicit opioid use and associated harms

Risks and Side Effects

- Common: headache, nausea, constipation, sweating, insomnia, mood changes
- Buprenorphine is an opioid and can cause physical dependence; stopping abruptly may cause withdrawal
- Risk of overdose is significantly increased if combined with benzodiazepines, alcohol, or other sedatives
- Misuse by injection of sublingual formulations can precipitate withdrawal due to the naloxone component
- May cause neonatal opioid withdrawal syndrome if used during pregnancy; however, treatment of OUD during pregnancy is strongly recommended and buprenorphine is considered safer than untreated opioid use disorder

Alternatives

Alternatives to buprenorphine include naltrexone (Vivitrol), methadone (available only through licensed opioid treatment programs), or non-medication-based treatment approaches. Your provider will discuss all options with you.

2.2 Sublocade (Buprenorphine Extended-Release Injectable)

Sublocade is a once-monthly subcutaneous (under the skin) injection of extended-release buprenorphine. It provides steady medication levels throughout the month and eliminates the need for daily sublingual dosing.

Benefits

- Once-monthly dosing improves adherence and reduces diversion risk
- Eliminates daily medication burden
- Provides consistent blood levels without peaks and troughs

Risks and Side Effects

- Injection site reactions: pain, itching, redness, or a firm lump (depot) under the skin that may persist for weeks to months — this is expected and normal
- Same systemic risks as sublingual buprenorphine apply (see above)
- Cannot be removed once injected; if a serious adverse reaction occurs, treatment is supportive
- Must not be injected intravenously; doing so can cause serious harm

2.3 Naltrexone (Vivitrol — Extended-Release Injectable)

Naltrexone is an opioid antagonist used to treat both opioid use disorder and alcohol use disorder. Vivitrol is administered as a once-monthly intramuscular injection. Naltrexone is not an opioid and does not cause physical dependence.

Naltrexone blocks opioid receptors, preventing opioids from producing their euphoric effects and reducing alcohol cravings.

Benefits

- Non-opioid; no risk of opioid dependence or diversion
- Once-monthly injection improves adherence
- Effective for both OUD and AUD
- Can be started in outpatient settings after opioid detoxification is complete

Risks and Side Effects

- Injection site reactions: pain, tenderness, bruising, or swelling

- Nausea, fatigue, headache, decreased appetite
- Liver enzyme elevation; liver function should be monitored
- **IMPORTANT: Opioid sensitivity is significantly increased after naltrexone is discontinued. Using opioids after stopping naltrexone, even at previously tolerated doses, carries a high risk of fatal overdose. Patients must be counseled on this risk at every visit.**
- Must be fully opioid-free (typically 7–10 days for short-acting opioids, longer for long-acting) before starting to avoid precipitated withdrawal

2.4 Naloxone (Narcan) Counseling and Prescribing

Naloxone is an opioid reversal agent used to reverse opioid overdose. Your provider may prescribe naloxone as a standard safety measure, regardless of your specific treatment plan.

- Naloxone is safe, non-addictive, and has no effect if opioids are not present
- You and your close contacts (family members, household members) will be counseled on how to recognize an opioid overdose and how to administer naloxone
- Having naloxone available saves lives and is strongly encouraged for all patients in addiction medicine care
- Michigan law permits pharmacists to dispense naloxone without a prescription; your provider may also provide a prescription to ensure access

2.5 Adjunctive and Supportive Medications

In addition to the primary medications above, your provider may prescribe adjunctive medications to manage symptoms, support your recovery, or treat co-occurring conditions. These may include medications for sleep, anxiety, pain, nausea, cravings, mood, or other symptoms. Your provider will discuss the specific benefits, risks, and alternatives for any additional medications prescribed to you.

3. Risks and Benefits of Treatment

3.1 General Benefits of Addiction Medicine Treatment

- Reduction in substance use and associated harms
- Decreased risk of overdose and overdose death
- Improved physical and mental health
- Improved social, occupational, and family functioning
- Reduced risk of infectious disease transmission (HIV, hepatitis C)
- Support for long-term recovery

3.2 Risks of Treatment

- All medications carry risks of side effects (see medication-specific sections above)
- Some medications may interact with other substances or medications; complete disclosure of all substances and medications is essential
- Treatment outcomes vary; addiction is a chronic condition and relapse is a common part of recovery, not a treatment failure
- Prescription monitoring program (MAPS) checks and urine drug screening (UDS) are part of routine care at this practice and results become part of your medical record

3.3 Risks of No Treatment or Declining Treatment

You have the right to decline treatment or any specific aspect of treatment at any time. However, untreated substance use disorder carries significant risks including:

- Continued or worsening substance use
- Increased risk of overdose, including fatal overdose
- Medical complications including liver disease, infectious disease, cardiovascular disease

- Psychosocial consequences including family, employment, and legal impacts

Your provider will discuss all options with you and support your decision-making.

4. Telehealth Services

Rivkin Addiction Medicine, PLLC offers addiction medicine services via telehealth (video visits) in addition to in-person care. By consenting to telehealth, you acknowledge the following:

4.1 How Telehealth Works

- Telehealth visits are conducted via a secure, HIPAA-compliant video platform
- You will need a device with a camera and microphone (smartphone, tablet, or computer) and a reliable internet connection
- Telehealth visits are appropriate for many aspects of addiction medicine care, including medication management, counseling coordination, and follow-up

4.2 Telehealth-Specific Risks and Limitations

- Telehealth does not allow for physical examination; some clinical assessments may require an in-person visit
- Technology failures (internet outages, equipment problems) may interrupt or prevent a visit
- Privacy cannot be fully guaranteed on your end; you are responsible for ensuring you are in a private location during telehealth visits
- In a medical emergency during a telehealth visit, call 911 immediately; your provider may not be able to directly coordinate emergency services
- Telehealth services may be subject to specific insurance coverage rules that differ from in-person services; you are encouraged to verify your coverage

4.3 Your Location

You must be physically located in the State of Michigan during all telehealth visits. Aaron Rivkin, MD is licensed to practice medicine in Michigan only. If you are located outside Michigan at the time of a scheduled visit, please notify this practice in advance as the visit cannot be conducted.

4.4 Alternatives

In-person care is always available and may be recommended for specific clinical situations. You may choose in-person visits at any time.

5. Confidentiality and Privacy

Your medical information, including your substance use disorder treatment records, is protected by federal law including HIPAA and 42 CFR Part 2. Your records will not be shared without your written consent except in limited circumstances described in the Notice of Privacy Practices you have received. Substance use disorder records receive special protection and cannot generally be disclosed in legal or criminal proceedings without your consent or a specific court order.

Please refer to the Notice of Privacy Practices provided to you at your first visit for complete information about your privacy rights.

6. Your Rights as a Patient

- You have the right to ask questions about your diagnosis, treatment options, and any medications prescribed to you at any time
- You have the right to refuse treatment or withdraw consent at any time without penalty, though your provider will discuss the clinical implications of doing so

- You have the right to a second opinion
- You have the right to access your medical records
- You will not be judged, shamed, or discharged for relapse; relapse is addressed as a clinical event and your provider will work with you to adjust your treatment plan
- You have the right to be treated with dignity and respect at all times

7. Emergency Situations

In the event of a medical emergency, call 911 immediately. Do not wait to contact this practice. After an emergency, please notify this practice as soon as possible so your treatment plan can be updated accordingly.

If you are experiencing a mental health crisis or thoughts of suicide or self-harm, call or text 988 (Suicide and Crisis Lifeline) or go to your nearest emergency room.

8. Questions and Contact

You are encouraged to ask questions at any time. Contact Rivkin Addiction Medicine, PLLC at:

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| Phone | 313-315-6922 |
| Secure Messaging | Via your patient portal |
| Office | 19100 Goddard Road, Suite 1, Allen Park, MI 48101 |

9. Consent and Signature

By signing below, I confirm that:

1. I have read this Informed Consent, or it has been read to me, and I understand its contents
2. I have had the opportunity to ask questions and my questions have been answered to my satisfaction
3. I understand the nature of addiction medicine treatment, the medications that may be used, and their benefits and risks
4. I understand that I may withdraw consent at any time and that doing so will not result in punitive action, though my provider will discuss the clinical implications with me
5. I consent to evaluation and treatment by Aaron Rivkin, MD at Rivkin Addiction Medicine, PLLC, including in-person and telehealth visits as applicable

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|--|---|
| <p>Patient Signature</p> <p>X</p> <p>_____</p> <p>_____</p> <p>Printed Name: _____</p> <p>Date: _____</p> | <p>Physician Signature (Pre-signed)</p> <p>X</p> <p>_____</p> <p>_____</p> <p>Aaron Rivkin, MD</p> |
| <p>Guardian / Legal Representative (if applicable)</p> <p>Signature: _____ Relationship: _____</p> <p>_____ Date: _____</p> | |

If patient was unable to sign, document reason:

Reason: _____ Staff Initials: _____