



**S.C.A.N.**

*Change is beautiful*

MAY WE PHONE FOR APPOINTMENT REMINDERS?      Yes ( ) No ( )

1. Do you have an answering machine?                      Yes ( ) No ( )

2. Can a message be left on your answering machine?      Yes ( ) No ( )

3. Can you be reached on a cell phone?                      Yes ( ) No ( )

Cell number: \_\_\_\_\_

4. Information about my treatment at SuboxCAN may be given to the following people. [Released information may be verbal, faxed, or mailed.]

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

5. Are there any limits to what can be discussed?      Yes ( ) No ( )

6. If, Yes, What are the limits \_\_\_\_\_

\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.