

PAIN & HEALTH MANAGEMENT CENTER

AGREEMENT FOR CONTROLLED SUBSTANCE THERAPY

We are committed to doing all we can to treat your chronic pain condition. In certain cases, controlled substances are used as a therapeutic option in the management of chronic pain, which is strictly regulated by both state and federal agencies. This agreement is a tool to protect both you and the physician by establishing guidelines, within the laws, for proper and controlled substance use. The words “we” and “our” refer to the facility and the words “I”, “you”, “my” or “me” refer to you, the patient.

Use of controlled substance medications has certain risks:

- 1. Nausea and/or decreased appetite.**
- 2. Constipation and/or urinary problems.**
- 3. Confusion or alteration in thinking and alertness.**
- 4. Respiratory depression.**
- 5. Coordination or balance problems that may make it unsafe to operate dangerous equipment or motor vehicles.**
- 6. Sleepiness or drowsiness.**
- 7. Sexual difficulties including impotence or diminished sex drive.**
- 8. Physical dependence: if you stop medication abruptly, you may experience a withdrawal syndrome characterized by one or more of the following: runny nose, anxiety, diarrhea, abdominal cramping.**
- 9. Psychological dependence: discontinuing medication causes you to miss or crave the medication.**
- 10. Tolerance: you may require higher doses of the medication to achieve the same results.**
- 11. Children born to mothers taking controlled substances are likely to be born with physical dependence to the controlled substances.**
- 12. Other less common risks and side effects are possible.**

We will continue treatment with controlled substance therapy under the following conditions:

- 1. All the controlled substances must come from the physician whose signature appears below or, during his/her absence, by the covering physician, unless specific authorization is obtained for an exception. I understand that I must tell the physician whose signature appears below or, during his/her absence, the covering physician, all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interactions or overdoses that could result in harm to me, including death. I will not seek prescriptions for controlled substances from any other physician, healthcare provider, or dentist. I also understand that it is unlawful to be prescribed the same controlled medication by more than one**

physician at a time without each physician's knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly withholding facts from a physician or his/her staff (including failure to inform the physician or his/her staff of all controlled substances that I have been prescribed).

2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

----- phone: -----

3. You have never been involved in the sale, illegal possession, diversion, or transport of controlled substances.
4. I certify that I am not pregnant now and will notify the physicians at the Pain & Health Management Center if I am planning a pregnancy or become pregnant.
5. You may not share, sell, or otherwise permit others, including spouse or family members, to have access to any controlled substances that you have been prescribed.
6. Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screens may result in your discharge from our facility.
7. I will not consume excessive amounts of alcohol in conjunction with controlled substances. I will not use, purchase, or otherwise obtain any other legal drugs except as specifically authorized by the physician whose signature appears below or, during his/her absence by the covering physician, as set forth in the section 1 above. I will not use, purchase or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving under the influence of any substance, including a prescribed controlled substance, or any combination of substances (e.g. alcohol and prescription drugs) which impairs my driving ability, may result in DUI charges.
8. Medications or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. A report narrating that you told authorities is not enough.
9. I will follow the schedule of medications as prescribed. Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please, do not phone for prescription after hours or on weekends.
10. In the event you are arrested or incarcerated related to legal or illegal drugs (including alcohol), refills on controlled substances will not be given.
11. I will follow the advise of the physicians of The Pain & Health Management Center regarding the treatment with controlled substance medications.
12. I understand that if I do not adequately respond to the controlled substance and I do not demonstrate an increase in function, i.e., daily activities, therapy with the controlled substances may be discontinued.
12. I agree that if my physician is concerned regarding my physical/

dependence on the controlled substance medications, then I may be referred to a specialist in chemical dependence.

13. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by this physician and other physician at the facility and that law enforcement officials may be contacted.
14. I affirm that I have full right and power to sign and be bound to this Document, and that I have read it and understand and accept all of its terms. A copy of this document has been given to me.

Patient's full name

Patient's signature

Date

Physician's signature

Date