

Policy for Controlled Substances Therapy for Chronic Pain

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the healthcare provider (or his/her designated representative) whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All opioid prescriptions must come from the providers at Pain and Wellness Center unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
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 is listed below.
3. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
4. You will not consume alcohol or recreational drugs while taking opioid medications.
5. The prescriber has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability. The prescriber has permission to review your pharmacy records.
6. You may not share, sell, or otherwise permit others to have access to these medications.
7. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.
8. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder and discontinuation of your controlled substance prescriptions.
9. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
10. Original containers containing all unused medications must be brought in to office visits if requested by your prescriber.
11. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
12. Medications and prescriptions may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
13. Early refills will generally not be given.

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14. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies or from several prescribers, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by Pain and Wellness Center or referral for further specialty assessment.
16. Renewals are contingent on keeping scheduled appointments. Please do not phone the office or the on-call provider for prescription refills.
17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
18. You agree to participate in consultations and treatment with other healthcare providers (ie, physical therapy, psychiatry, psychology) as part of your comprehensive pain management program.
19. The risks and potential benefits of these therapies are explained in the Consent for Opioid Therapy document [and you acknowledge that you have read, you understand, and have signed the document].
20. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Healthcare Provider Signature

Patient Signature

Date

Patient Name (Printed)

Pharmacy Name

Pharmacy Phone Number