

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_



## CONTROLLED SUBSTANCES AGREEMENT

The purpose of this agreement is to protect your (the patient's) access to controlled substances and to protect our (your Bone & Joint Clinic healthcare provider's) ability to prescribe for you. The words "we" and "our" refer to the Bone & Joint Clinic and the words "I", "you", "your", "me" or "my" refer to you, the patient. We are committed to doing all we can to treat your pain condition. In some cases, we may recommend the use of a controlled substance. These substances are strictly regulated by Federal and State agencies and require a physician's signature. This agreement establishes guidelines, within the laws, for proper use of controlled substances. You, the patient, are responsible for taking your medications as directed by your prescribing physician.

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 are potential risks with controlled substances (i.e. development of drug tolerance, physical dependence with withdrawal symptoms and possible addiction, or relapsing addiction in a person with history of prior addiction). Other potential side effects are changes in mental status and/or behavior, sedation, nausea, vomiting, constipation, itching, respiratory depression, low blood pressure and drug interactions. It is your responsibility to notify our clinic if any of these symptoms occur and to advise us of any changes in all prescribed and over-the-counter medications, and any other herbal/supplements you are taking. Failure to do so could result in a potential harmful medication condition, including death. The illicit or illegal use of controlled substances (i.e. narcotic drug) is prohibited.

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 physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. You should recognize that your chronic pain represents a complex problem which may benefit from physical therapy, psychotherapy, interventional pain procedures and behavioral modification strategies. You should also recognize that your active participation in the management of your pain is extremely important. You hereby agree to actively participate in all aspects of the Pain Management treatment plan. Failure to comply with the physicians recommendations may result in discharge for non-compliance.
2. All controlled substances must come from the physician whose signature appears below or, during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment). I will not seek prescriptions for controlled substances from any other physician, healthcare provider or dentist. In the event that another healthcare provider (including an emergency department physician) is recommending these substances, I will advise them of our agreement and have the Bone & Joint providing physician notified of the other healthcare provider's recommendation prior to taking any prescribed controlled substance.
3. 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 you have selected is:  
  
Name: \_\_\_\_\_ Location: \_\_\_\_\_
4. 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 medication that you take.

**Acknowledgment Page 1 of 3 - Please Initial**

Patient \_\_\_\_\_

Physician \_\_\_\_\_

Witness \_\_\_\_\_

5. The prescribing physician 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.
6. You may not share, sell, trade, or otherwise permit others, including but not limited to spouse or family members, to have access to your prescribed medications.
7. These medications should not be stopped abruptly; a withdrawal syndrome may develop with rapid reduction or cessation of the medication. If your medication needs to be stopped, contact our office.
8. Unannounced, random and/or routine urine or serum toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder or discharge by your physician.
9. Controlled substance prescriptions may be sought out by individuals who have chemical dependency and/or other illicit use intent. It is your responsibility to exercise a high level of safeguard and care to secure your medications. Your medications should not be left where others might see or otherwise have access to them.
10. If your medications are changed by your physician, you may be asked to surrender any unused portion of your previously prescribed medication.
11. If your physician changes the pain medication that you are taking because the previous medication was ineffective, had intolerable side effects or you had an adverse reaction, you may be required to surrender the unused portion of your previous medication prescription.
12. Original containers of all medications should be brought to each office visit.
13. 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.
14. Medications 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 and notify your pharmacy of the theft, an exception may be made, but at the discretion of the prescribing physician.
15. No early refills will be given. Renewals are based upon keeping appointments and compliance with the physician's recommendations.
16. Advance notice of 72 hours (3 business days) is required for refills of prescriptions. Requests for refills should be made only during office hours, Monday – Friday (7:30 a.m. – 5:00 p.m.). Refills will not be authorized at night, on holidays or on weekends. Most controlled substances cannot be telephoned in to a pharmacy. You must make arrangements to pick up your prescription during regular business hours or allow additional time for the U.S. Postal Service to get the prescription to you or your pharmacy.
17. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain specific instructions to the pharmacist that they not be filled prior to the appropriate date.
18. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.

***Acknowledgment Page 2 of 3 - Please Initial***

Patient \_\_\_\_\_

Physician \_\_\_\_\_

Witness \_\_\_\_\_

- 19. Renewal of prescriptions is contingent on keeping scheduled appointments and compliance with your treatment program. You should understand that failure to keep appointments may result in discontinuance of controlled substances and/or discharge from our care and/or our practice.
- 20. If it appears to the physician that there are no demonstrable benefits to your daily function or quality of life from the controlled substance, you agree to gradually taper your medication as directed by the prescribing physician.
- 21. It is understood that failure to adhere to these guidelines may result in cessation of therapy with controlled substances prescribed by your prescribing physician. Your physician will consider what, if any additional treatment is indicated, such as referral to addiction specialist, referral to an appropriate specialist, alternative pain management other than with controlled substances, or discharge from our care.
- 22. 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.
- 23. You, the patient, agree that a copy of this Agreement be forwarded to your primary care provider, namely: \_\_\_\_\_ . Patient initials/date: \_\_\_\_\_/\_\_\_\_\_.
- 24. Warning: Alcohol may be hazardous to your health while taking medications prescribed by your physician. We recommend that you discontinue the use of alcohol while taking prescription medications. You should not operate a vehicle or heavy equipment after drinking alcohol and while taking your prescription medications. You should also not use alcohol with prescription medications while pregnant. If you have any questions regarding these matters you should discuss them with your physician.

**THIS AGREEMENT WILL SUPERSEDE ALL OTHER AGREEMENTS. BY SIGNING BELOW I INDICATE THAT I UNDERSTAND AND AGREE TO ALL THE TERMS OF THE ABOVE AGREEMENT. I HAVE RECEIVED A COPY OF THIS FOR MY OWN RECORDS.**

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Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Physician

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date