



Information and Agreement Regarding Controlled Substances

This agreement is a tool to protect both you and your physician by establishing guidelines, within the laws, for proper controlled substance use. The words “we” and “our” refer to the facility, 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 chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain and related anxiety and depression, which is strictly regulated by both state and federal agencies. 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 addictive disorder** developing or risk 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, 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 agree to the following policies:

1. I understand that chronic opioid therapy has been associated with not only addiction and abuse, but also multiple medical problems including the suppression of endocrine function resulting in low hormonal levels in men and women which may affect mood, stamina, sexual desire, and physical and sexual performance.
2. **For female patients:** If I plan to become pregnant or believe that I have become pregnant while taking this medication, I am aware that, should I carry the baby to delivery while taking these medications unless my obstetrician recommends otherwise; the baby will be physically dependent upon opioids. I will immediately call my obstetrician and this office to inform them of my pregnancy. I am also aware that opioids may cause a birth defect, even though it is extremely rare.
3. I have been informed that long-term and/or high doses of pain medications may also cause increased levels of pain known as opioid induced hyperalgesia (pain medicine causing more pain) where simple touch will be perceived as pain and pain gradually increases in intensity and also the location with hurting all over the body. I understand that opioid-induced hyperalgesia is a normal, expected result of using these medicines for a long period of time. This may be helped with addition of non-steroidal anti-inflammatory drugs such as Advil, Ibuprofen, etc., or by reducing or stopping opioids.

4. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped, or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome.
5. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body, and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable, and could even result in heart attack, stroke, or death.
6. I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opioids may cause my doctor to choose another form of treatment, reduce the dose, or stop it. The best way to prevent or slow down tolerance is not to take opioids every day or at most once, targeted to specific activities during the day. A twice a day schedule should be indicated only in a few selected patients during a limited amount of time. For long term treatment, the use of extended release medication is indicated.
7. All controlled substances for pain 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. (Multiple sources can lead to risky drug interactions or poor coordination of treatment).
8. 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.
9. I will not seek prescriptions for controlled substances for chronic pain from any other physician, health care provider, or dentist. I understand it is unlawful to be prescribed the same type of controlled medication (opioids) by more than one physician at a time without each physician's knowledge. Prescriptions for pain from a surgical procedure given by the surgeon, are exceptions if all doctors are informed in advance and authorized. Your chronic pain doctor should not treat your acute post-operative pain.
10. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff or 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 or illegal street drugs).
11. All controlled substances must be obtained at the same pharmacy, where possible, our office must be informed.

The pharmacy that you have selected is: _____ Phone: _____.

12. 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.
13. You may not share, sell, or otherwise permit others to have access to these medications.
14. These drugs should not be stopped abruptly, as abstinence or withdrawal syndrome will likely develop.
15. 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 Section 1 above. I will not use, purchase, or otherwise obtain any Schedule I drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance or any combination of substances (e.g., alcohol and prescription drugs), may impair my driving ability and may result in DUI charges. I acknowledge that opioids may impair my ability to drive. I acknowledge that driving or operating machinery while impaired is my responsibility & that I have been advised to avoid.
16. **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/or dismissal from this practice. I understand that the facility may call me for a pill count at any time. I will go the same day that I am called with the original vials and all remaining pills. If I don't go the same day, I might not be eligible to continue receiving these medications.
17. 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 prescriptions. They should not be left where others might see or otherwise have access to them.
18. Original containers of my opioid medications with full amount of remaining pills should be brought in to each office visit.
19. Since the drugs may be hazardous and/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.
20. **Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc.** If the medication has been stolen I understand that more medications will not be supplemented. It is my responsibility to keep my opioid medications safe.
21. Medication changes will not be made between appointments unless medically necessary, which will be determined by the physician. Early refills will not be given.
22. Prescription refill requests may be phoned into the Coastal Senior Healthcare (941-261-3800) at least one week prior to needing the refill. Please do not phone for prescriptions after hours or on weekends.
23. Prescription renewals are contingent on keeping scheduled appointments.

24. It should be understood that any medical treatment is initially a trial and that continued prescription is contingent on evidence of benefit.
25. The risks and potential benefits of these therapies are explained elsewhere (and you acknowledge that you have received such explanation).
26. In the event you are arrested or incarcerated related to legal or illegal drugs (including alcohol), refills on controlled substances will not be given.
27. I also understand that the prescribing physician has permission to discuss all diagnostic and treatment details, including medications, with dispensing pharmacists, other professionals who provide your health care or appropriate drug and law enforcement agencies for the purpose of maintaining accountability.
28. 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.
29. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by this physician and other physicians at the facility and that law enforcement officials may be contacted. I affirm that I have full right and power to sign and to be bound by this agreement, that I have read it, and understand and accept all of its terms. A copy of this document has been given to me.
30. Addendum to this agreement will be generated every time that a new medication is prescribed or dose changed. This addendum will bind the patient to the prescribed opioid frequency of the prescribed medication.

Provider Signature

Patient/POA Signature

Date

Patient/POA Name (Printed)