

Controlled Substance Agreement

We are committed to doing all we can do to treat your chronic pain condition. In some cases, opioids and other controlled substances are used as a therapeutic option in the management of chronic pain and related conditions all of which are strictly regulated by both state and federal agencies. This agreement is a tool to protect both you and the physician establishing guidelines, within the laws, for proper controlled substance use.

1. All controlled substances have a potential for dependency and abuse.
2. All controlled substances must come from the physician whose signature appears below or, during his absence, by covering physician, unless specific authorization is obtained for an exception.
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 that you have selected is:

Phone: _____
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purpose of maintaining accountability.
5. You may not share, sell, or otherwise permit others including spouse or family members to have access to these medications.
6. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may result in your discharge from the facility.
7. I will not consume excessive amounts of alcohol in conjunction with narcotics, nor will I use, purchase, or otherwise obtain any illegal drugs.
8. Medications may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided with direct evidence from authorities. A report narrating what you told is not enough.
9. 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.
10. Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
11. In the event you are incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.
12. If you repeatedly decline or postpone recommended intervention pain management procedures that is designed to diagnose or treat/alter the pain generator that you have, the prescribing physician reserve the right to immediately discontinue prescription of controlled substances permanently or temporarily.
13. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician.
14. 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.

Patient's full name

Patient's signature

Date

Physician's signature

Date