Pain Management Agreement

The purpose of this Agreement is to protect your access to controlled substances and to ensure our ability to prescribe these substances 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 a relapse occurring in a person with prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or misuse, 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 doctor whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All of your 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 adverse drug/medication interactions or poor coordination of treatment.)

2. All of your controlled substances must be obtained at the same pharmacy, unless an exception is allowed (e.g., for travel). Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

   Name: ___________________________ Phone: ___________________________

3. You are expected to inform our office of any new medicines or medical conditions, and of any adverse effects you experience from any of the medications you take.

4. You give your prescribing doctor permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability and safety. This includes the insurance company providing prescription drug coverage.

5. You may not share, sell, or otherwise permit others to have access to these medicines.

6. You will not stop using these drugs/medicines abruptly since an abstinence syndrome will likely develop.

7. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addiction disorder.

8. Other individuals with chemical dependency may seek prescription forms and bottles of these medicines. You shall closely guard all prescriptions and drug supplies. It is expected that you will take the highest possible degree of care with your medicine and prescription. They should not be left where others might see or otherwise have access to them.

9. Original containers of all your medicines should be brought in to each office visit.
10. Since the drugs/medicines 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.

11. Medicines may not be replaced if they are lost, get wet or are destroyed, left on an airplane, etc. If your medicine has been stolen and you complete a police report regarding the theft, an exception may be made.

12. Early refills will generally not be given.

13. Prescriptions may be issued early if the doctor or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they may not be filled prior to the appropriate date.

14. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medicines at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substance administration.

15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by this doctor or referral for further specialty assessment.

16. Prescription renewals are contingent on keeping scheduled appointments. Phone prescriptions will not be issued.

17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.

18. The risk and potential benefits of these therapies were explained elsewhere and you acknowledge that you have received such explanation.

19. You affirm that you have the full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms. Any questions you may have had were clarified or answered to your satisfaction.

______________________________  ________________________________
Doctor Signature                  Patient Signature

______________________________  ________________________________
Date                             Patient Name (Printed)

______________________________
Date

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