

LONG TERM CONTROLLED SUBSTANCE THERAPY AGREEMENT

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 substances such as Opioid (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 the risk is not certain.

Our policy regarding narcotic use for CHRONIC NONMALIGNANT (non-cancerous) pain is **strict and non-negotiable**, and is based on medical research and clinical experience. Narcotics should be used ONLY as a last resort and ONLY as an adjuvant to other therapies and injections. Our goal is to minimize narcotic use. The rules regarding narcotic use are outlined below. These rules were developed with the patient's welfare in mind. **If these rules are unacceptable or at odds with your medical goals, we will honor your request to be referred to another pain management physician.**

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 to consider the initial and/or continued prescription of controlled substances to treat your chronic pain. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent in evidence of benefit.

1. All controlled substance must come from the provider 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.) You are not to receive prescriptions for narcotic or sedative drugs from any other physician.
2. The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacist or other professionals who provide your health care for purpose of maintaining accountability.
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:
4. _____ Phone Number _____
5. Unannounced urine or serum toxicology screens will be requested, and your cooperation is **required**. Presence of unauthorized substance may be prompt termination of your Opioid treatments and referral for assessments for addictive disorder.
6. Long-acting narcotics will be administered for chronic pain problems. Our goal is to minimize or discontinue short acting narcotics and narcotic mixtures (i.e. Percocet, Lortab, Vicodin, etc.).
7. Rescue doses of short acting narcotics may not be routinely prescribed.
8. **Refills will occur on a monthly basis and ONLY after a visit and evaluation. NO REFILLS WILL BE MADE OVER THE TELEPHONE. NO REFILLS WILL BE GIVEN AFTER HOUR, ON WEEKENDS OR HOLIDAYS. Renewals are contingent on keeping appointments. Please do not phone in for prescriptions. You agree to come in for an evaluations when requested by your provider.**
9. If refill requests are made after hours, you will be instructed by the answering service to go to an emergency room of your choice.
10. You are expected to inform out office of any new medications, or medical conditions, and of any adverse effects you experience from any medications that you take.

Patient's name (Printed)

Patient's Signature

11. Prescriptions may be issued early if the provider or patients 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. Early refills may not be given.
12. **Any evidence of false prescriptions, forged prescriptions, substance abuse, or aberrant behavior (including verbal abuse to the office staff) will result in termination of patient-provider relationship.**
13. Medications may not be replaced if they get lost, get wet, are destroyed, left on an airplane, etc. So protect your medications. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
14. Prescriptions are to be used **ONLY** as written. Use of increased amount of medication, without consultation with a provider, will not be allowed, and may lead to immediate termination.
15. You may not share, sell, or otherwise permit others to have access to these medications.
16. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.
17. Original containers of medications should be brought in to each office visit if requested
18. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, it is your responsibility to keep them out of reach of such people.
19. 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 medications and prescription. They should not be left where others might see or otherwise have access to them.
20. **If the responsible or legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies or providers, all confidentially is waived and these authorities may be given full access to our records of controlled substances administration.**
21. The risk and potential benefits of these policies are explained elsewhere [and you acknowledge that you have received such explanation].
22. It is understood that failure to adhere to these policies may result in cessation of controlled substance prescribing by this provider or referral for further specialty assessment, or immediate termination.
23. **Termination terms may include either a written or verbal notification to you and fulfillment, including narcotic prescription, for one month after the date of termination. However, if it is noted that you are partaking in dangerous activities (i.e. using illicit drugs, alcohol, or multiple non prescribed controlled substances with your pain medications) you may not be provided with any further narcotics because of the dangers of overdose and death. You may be presented with the option, in lieu of termination, to receive an evaluation for drug dependency and, if appropriate, be referred for detoxification.**

Your pain is **YOUR** responsibility. **Making appointments for medication refills is YOUR responsibility.** Arizona Pain and Spine Institute will provide medical support in your quest to minimize your pain. You must make new efforts to improve SLEEP HABITS, NUTRITION, BODY WEIGHT, CONDITIONING, AND PSYCHOLOGICAL STATE. Narcotics are not the answer to chronic pain, but can be used effectively to improve your pain.

You can 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.

I, _____, have read and accept the conditions of this contract.

Patient Signature

Date

Physician's Signature

Date