



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 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 of relapse occurring in a person with a prior addiction. The extent of the risk is not certain. What is certain is that the opioid crisis is real, and therefore we must proceed with the utmost caution when considering appropriate treatments for your pain.

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. The provider will provide physical resources to improve your function, as well as medical 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 provider.**

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. Therefore the following policies are agreed to by the patient and providers of this practice, in consideration of prescribing controlled substances to treat your chronic pain. It should be understood that any medical treatment is initially a trial, and that continued prescriptions is contingent on evidence of benefit.

- 1. You may not drink alcohol or use illegal drugs while taking narcotic medications.**
- 2. We will not prescribe benzodiazepines or sedatives with narcotic medications.**
- 3. All controlled substances must come from the providers in our practice unless specific authorization is obtained for an exception. (Multiple sources can lead to life-threatening drug interactions or poor coordination of treatment.) You are not to receive prescriptions for narcotic medications from any other provider unless approved by our office.**
- 4. 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.**
- 5. 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:**

(Pharmacy Name / City)

(Phone Number)

Patient Initials

- 6. Original containers of medication should be brought in to each office visit with any remaining pills in the bottles.**
- 7. Unannounced urine toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances may prompt termination of your Opioid treatment. Refusal of toxicology screen may result in immediate discharge.**



8. If you are unable to produce a urine sample you may be subjected to an oral screen, 24hr return timeframe to provide a urine sample, along with a two week prescription. Failure to return constitutes an immediate discharge.
9. Medication changes must be made in the office and left-over medication needs to be returned before any new medication is prescribed, these require you to make a follow up visit in the office. No keeping unused medication.

Patient Initials

10. 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.).
11. Rescue doses of short-acting narcotics will not be routinely prescribed.

Patient Initials

12. **Refills will occur on a monthly basis and only after an office visit and evaluation, not over the phone. No refills will be given after hours, at a procedure appointment, on weekends or holidays. Renewals are contingent upon keeping scheduled appointments, and/or as requested by your provider. Missed appointments will prohibit any refills until an appointment has been completed with your provider.**
13. If refill requests are made after hours, you will be instructed by the answering service to go to an emergency room of your choice.
14. 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. Intentional withholding of information from your provider, or his/her staff, about your pharmaceutical drug use, or if you intentionally lie to the medical staff working in this office can constitute the criminal offense of "Deception to Obtain a Dangerous Drug" and is a felony.
15. Prescriptions may be issued early if the provider or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date. Early refills may not be given.

Patient Initials

16. **Any evidence of false prescriptions, forged prescriptions, substance abuse, or aberrant behavior (including verbal abuse or arguing with the office staff) will result in termination of patient-provider relationship.**
17. Medications (written prescription(s) or pill form) will not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc., so protect your medications. They are your responsibility. No exceptions.
18. Prescriptions are to be taken only as prescribed by our providers. Each prescription is for a specific number of pills, designed to last a certain amount of time. Use of increased amount of medication, without consultation from our providers, will not be allowed, and may lead to immediate termination. Do not change your dose without contacting our office. No early refills.
19. You may not share, sell, or otherwise permit others to have access to these medications.
20. Certain drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.

Patient Initials

21. 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 safe and secure.

Patient Initials

22. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.

Patient Initials

23. 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.

Patient Initials

24. (Males only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance.

Patient Initials

(Females only) If I plan to become pregnant or believe that I have become pregnant while taking this pain medication, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines; the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid. Therefore, this office will not prescribe narcotics for pregnant women.

Patient Initials

25. It is understood that failure to adhere to these policies may result in cessation of controlled substances prescribed by our providers or immediate termination from our practice.

Patient Initials

26. Termination terms will include a written and verbal notification to you. 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 will not be provided with any further narcotics because of the dangers of overdose and death and you may be discharged from care.

Patient Initials



The management of chronic pain requires a relationship built on trust. In addition to the narcotic medication, it is understood that you must also make efforts to improve sleep, nutrition, maintain a healthy weight, and have a plan to maintain a healthy emotional and psychological state. Please be honest with our providers and staff; we are here to help.

Please affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understood, and do accept all of its terms and have received a copy.

I, _____, have read and accept the conditions of this contract.
(Printed Name)

Patient Signature

Date

Amardeep S. Chauhan, D.O.