

LONG-TERM CONTROLLED SUBSTANCES THERAPY
FOR CHRONIC PAIN-AGREEMENT FORM

Michael Moon, M.D.
David C. Majors, M.D.
Kayvan Binaei, PA-C

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 risk of an addictive disorder or of relapse occurring in a person with a prior addiction. The extent of the risk is not certain.

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

1. All 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 drug interactions and poor coordination of treatment.)
2. 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: _____
3. 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.
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 purposes of maintaining accountability.
5. You may not share, sell, or otherwise permit others to have access to these medications.
6. These drugs should not be stopped abruptly, as 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 addictive disorder.
8. 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 prescription. They should not be left where others might see or otherwise have access to them.
9. Original containers of medications should be brought in to each office visit.
10. Since the drugs 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.

Initials _____

11. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
12. You will take the pain medication only as prescribed. There will be no early refills of prescriptions. Refills of prescriptions for medications will only be made at the time of an office visit or during regular clinic hours. No refills will be made during evenings or on the weekends.
13. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions that they not be filled prior to the appropriate date.
14. If you find that your pain medication is not effective, you will need to call to schedule an appointment to discuss your medications. Changes of pain medications will not be done on the phone.
15. 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 for controlled substances administration.
16. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribing by this physician or referral for further specialty treatment.
17. Renewals are contingent on keeping scheduled appointments. Please do not request prescription refills after hours or on weekends.
18. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
19. The risks and potential benefits of these therapies are explained elsewhere [and you acknowledge that you have received such explanation].
20. 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.

Physician Signature

Patient Signature

Date

Patient Name (Printed)

Initials _____