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Information and Agreement
Regarding
Controlled Substances

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

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, 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 agree to the following policies:

1. All controlled substances must come from the physician whose signature appears below or, during his 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).
2. All controlled substances must be obtained at the same pharmacy, where possible, 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 professions who provide your healthcare 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 and/or dismissal from this practice.

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 prescriptions. 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 and/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. 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. Early refills will generally not be given.
13. Prescription refill requests may be phoned into the Pain Relief Center (941-708-9555) at least 24-48 hours prior to needing the refill.
14. Prescriptions cannot be mailed to you.
15. Unscheduled “drop in” visits for prescription refills are not allowed, as the physicians are busy seeing scheduled patients.
16. 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.
17. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
18. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
19. It should be understood that any medical treatment is initially a trial and that continued prescription is contingent on evidence of benefit.
20. The risks and potential benefits of these therapies are explained elsewhere (and you acknowledge that you have received such explanation).
21. 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 terms.

Physician Signature

Patient Signature

Date

Patient Name (Printed)