



LONG TERM CONTROLLED SUBSTANCE THERAPY CONTRACT

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 this 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. The physician 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 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 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 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 physician 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: _____
5. Unannounced urine or serum toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances will prompt termination of your opioid treatment and referral for assessment for addictive disorder.
6. Long-acting narcotics will be administered for chronic pain problems. Our goal is the discontinuation of short acting narcotics and narcotic mixtures (i.e. Percocet, Lortab, Vicodin, etc.).
7. Rescue Doses of short acting narcotics will not be routinely prescribed.
8. Refill will occur on a monthly basis and ONLY after a visit and physical examination. NO REFILLS WILL BE MADE OVER THE TELEPHONE. NO REFILLS WILL BE GIVEN AFTER HOURS, ON WEEKENDS, OR HOLIDAYS. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
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 our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.

Patient's Name (Printed)

Patient's Signature

11. 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 to the pharmacist that they not be filled prior to the appropriate date. Early refills will 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-physician relationship.

13. Medications will not be replaced if they get lost, get wet, are destroyed, left on 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 physician, will not be allowed.

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 medication should be brought in to each office visit.

18. 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.

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 medication and prescription. They should not be left where others might see or otherwise have access to them.

20. 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.

21. The risk and potential benefits of these therapies 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 therapy with controlled substance prescribing by this physician or referral for further specialty assessment.

23. Termination terms will include a written letter to you and fulfillment of your medical needs, including narcotic prescription, for one month after the date of termination. You will 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