

CONTROLLED SUBSTANCE AGREEMENT & CONSENT

I, _____ am a patient of Emerald Coast Pain Services and I understand and agree to the following:

- I will not accept DEA controlled medications including opioid pain medicines, controlled stimulants, anti-anxiety or sedative medications (i.e. Narcotics) from any physician other than those listed above, unless agreed upon by that physician. In such a case, the medications prescribed by the other physician will be listed in my medical record.
- I have not and will not give or transfer any controlled substance to another individual.
- I have not and will not use any illegal controlled substances, including marijuana, cocaine, etc.
- I understand that the medication is given in time specific amounts, customarily a 30 day supply and I will not ask for more narcotic medication until that time period has expired. The medication is meant to be used over the 30 day period and not consumed in a shorter time period
- I will attempt to make all my scheduled appointments, and I understand that narcotic medication will not be called in or mailed to me as the result of a missed appointment. A scheduled appointment is required for Narcotic refills. I will not ask for refills earlier than agreed, after-hours, on holidays or weekends. Missing appointments or asking for narcotic medication after office hours can lead to dismissal from the practice.
- I will take the medication as prescribed. The 30 day prescription should last 30 days and additional utilization of the medication, without the approval of the staff, is not allowed.
- I understand that by not following the above guidelines, I risk being terminated from the pain clinic or losing my narcotic privileges and this may lead to an abstinence syndrome from lack of medication.
- I understand that I may randomly be drug tested and I agree that I will submit to a blood or urine test, if requested by my doctor to determine my compliance with my program of pain control medicine.
- I will safe guard my medication from loss or theft. I will not share, sell or trade my medication with anyone. I will keep my medication in a safe locked place away from children or other adults.
- I understand that if medication is lost or stolen that they will not be replaced under any circumstances even with police report.
- I will obtain all refills for these medications only at _____ pharmacy located at _____, telephone number _____.

I agree to waive any applicable privilege or right to privacy or confidentiality with respect to the prescribing of my pain medication and authorize the physicians, my pharmacy and insurers to cooperate fully with any city, state or federal law enforcement in the investigation of any possible misuse, sale or other diversion/inappropriate use of my pain medication. I authorize my physician it provide a copy of this agreement to any law enforcement agency, my pharmacy, other health care providers, insurance carrier and any emergency department upon request. I give my permission to allow sharing of medical history regarding medication use with other health care agencies/facilities.

- I understand that dismissal from the practice is non-negotiable and that I can only return for refills of non-narcotic medications or previously scheduled pain management therapies within the 30 day termination period. I will not return to the clinic to challenge my termination from the practice, as the requirements for continuing treatment have been clearly outlined in this document.
- I agree to arbitration for any legal dispute or action that I pursue in request to this narcotic contract.

IF YOUR TREATMENT PLAN DOES INCLUDE THE USAGE OF NARCOTIC MEDICATIONS, WE WANT TO INFORM YOU OF THE POTENTIAL SIDE EFFECTS OF THESE MEDICATIONS BUT ALSO NOTE THERE ARE ALTERNATIVES TO NARCOTIC MEDICATIONS AND THESE ALTERNATIVES MAY BE OFFERED TO YOU BASED ON YOUR CONDITION.

POSSIBLE SIDE EFFECTS COULD INCLUDE:

- Sleepiness, confusion, difficulty thinking
- Nausea, vomiting, constipation
- Difficulty breathing, shortness of breath, wheezing
- Rash, itchy
- Potential for allergic reaction
- Potential of interaction with other medications (increasing effects of side effects of drugs taken together)
- Potential for dose escalations/tolerance (need for higher doses for the same effect may occur with long term use)
- Potential for dependence (after the body adjust to these medications, they cannot be stopped abruptly without physical symptoms)
- Potential for withdraw (stopping medications abruptly may cause nausea, vomiting, abdominal pain, sweating, aching, abnormal heartbeat)
- Potential for addiction (compulsive drugs may use not related to pain relief)
- Potential for impaired judgment and/or motor skills (driving or operating machinery may be hazardous due to the effects on the brain and nerves.

I HAVE READ AND UNDERSTAND THE ABOVE AND THIS CONFIRMS THAT I UNDERSTAND THE RISKS, BENEFITS AND ALTERNATIVES OF NARCOTIC USAGE AND THAT ALL MY QUESTIONS HAVE BEEN ANSWERED.

SIGNATURE

DATE: _____