

## PAIN MEDICATION POLICY AGREEMENT

*Before any medications are prescribed for your pain, you will need to be aware and familiar with the Pain Medication Policy pertaining to use and risk of these medications, and agree to fully adhere to the Policy at all times.*

Please carefully read each item of the Policy. Check the box next to each item to indicate that you have read, understood and verify the information.

- Initial patient evaluation** No controlled substances will be prescribed on your first visit to the office. By law and by the State's Board of Medical Examiners, we are required to gather a comprehensive medication history before beginning the prescription of these substances. It is also our policy not to write prescriptions for controlled substances, before the Narcotic contract is signed. The law requires that there be a patient-physician relationship established before treatment is undertaken. Prescriptions will not be written for any non-patients.
- Controlled substance agreement** This Agreement must be read and signed before any prescription medications are to be dispensed. It contains important information pertinent to the use of these substances.
- Telephone calls** No prescriptions will be "refilled" or "called-in or faxed" to your pharmacy over the phone. In addition, no medication changes will be made over the telephone. This policy applies to refilling prescriptions and any new medications.
- After business hours, holidays, and weekends** No prescriptions will be written at these times. Prescriptions will be written only during regular business office hours. Therefore, it is your responsibility to closely monitor your supply of medications.
- Appointments:** Office Business hours are Monday – Thursday 8:30-4:30PM. Fridays from 9:00AM-1:00.
- Drug screening tests and follow-up** By law and by the State's Board of Medical Examiners, requires documentation of your use of controlled substances. Therefore, you will be required to provide urine and/or blood samples for the purpose of random drug screening tests. It is unethical and illegal to prescribe medications without adequate medical follow-up. Therefore, not keeping your regular appointments constitutes a violation of the follow-up policy, jeopardizing the continuation of your medication(s).
- Sharing medications** is strictly prohibited. Medications are only to be used by you as prescribed.
- State and Federal laws strictly prohibit selling or distributing.** This is an illegal practice and could result in criminal drug charges.
- Lost or stolen medications or prescriptions** will not be replaced under any circumstances and "police reports" will not justify replacement of medications.
- Obtaining pain medications from more than one physician** is called "doctor shopping" and State Law strictly prohibits it. This an illegal practice and could result in criminal drug charges.
- Obtaining pain medications from any other sources** is strictly prohibited. You are not to obtain any pain medications from friends, family members, street drug dealers, or Internet pharmacies.
- Picking-up prescriptions without an appointment** is not permitted by you or your designee. You must attend office appointments in order to be assessed for the need to continue taking the medication(s). Prescriptions will only be given only to whom they were intended, and only during regular office visits.
- Identification** You are required to have a current, valid Photo I.D. on file in the office, and you may be asked for identification before receiving your prescription for a controlled substance or other medications.

- Driving or operating heavy machinery** is prohibited when taking controlled substances. In certain cases an evaluation by may be required to determine if you are able to safely operate a vehicle.
- Handling firearms or other weapons** is strictly prohibited when taking controlled substances.
- Pregnancy or lactation** Taking controlled substances while pregnant may cause fetal abnormalities as well as fetal addiction and perinatal withdrawal syndrome. I am not pregnant and will notify Dr. Wilson immediately if I become pregnant.
- Use of alcohol** is strictly prohibited when taking controlled substances. Combining alcohol and pain medications may result in serious illness or death.
- Illegal drug use** is strictly prohibited and you will be discharged from the pain program for use of illegal drugs or abuse of medications. I certify that I am not in treatment for substance dependence or abuse, and that I am not currently using any illicit drugs including marijuana, cocaine, etc.
- Using suicide as a threat** will result in immediate discontinuation of all pain medications and mandatory, possibly involuntary, institutionalization in an inpatient psychiatric facility.
- Suicidal attempts** will result in immediate and complete discontinuation of all medications with the potential for self-harm. Furthermore, your clinical care will be transferred to a psychiatric program. Go immediately to a hospital ER if you feel suicidal.
- Unused portion of prescription** medications should be taken to all of the Pain Clinic's appointments for the purpose of drug counts. Discontinued medications should also be taken to your appointments for the purpose of being discarded with adequate documentation and in front of witnesses. A sample may be sent out for analysis and identification. We will not accept video recordings as proof of disposal.
- Medication prescriptions** will be issued only in the office, during regular business hours. No prescriptions will be called in, faxed, or mailed to your pharmacy. This is necessary for maintaining strict control and documentation on the distribution of these controlled substances.
- Mail-in prescriptions services and medication assistance programs** We are not responsible for handling of your prescriptions or your medications via a third party. When using either one of these medication services, be advised that we are not responsible for problems that you may experience when using them. If your prescriptions or medications are lost in the mail, or there is any delay in the shipments, we will not issue additional prescriptions "to keep you until the medicines arrive". Also, we will not be "calling the third party for you", to speed up the process, or to see what is happening. In addition, there are "Mail-in Prescription Services" that require that a prescription for a 90 day supply be written, instead of one with refills. We believe this to be inappropriate and unsafe, when dealing with controlled substances. Because of this, we will not be writing for such prescriptions. In general, we do not believe that "Mail-in Prescription Service Programs" are appropriate for "Controlled Substances". If a medication is lost in the mail, we not replace it. We do not accept "U.S. Postal Service Mail loss/rifling report" as proof of loss.
- I authorize James E. Wilson, M.D.** and my pharmacy to cooperate fully with any investigation by city, state or federal law enforcement agency, including this state's Board of Pharmacy, in the possible misuse, sale, or other diversion of my pain medication. I authorize my Dr. Wilson to provide a copy of this Agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.
- Sharing and obtaining information** I agree to allow Dr. Wilson to share and/or obtain medication related information with/from my other treating physicians. This is essential if adverse medication interactions are to be avoided. I agree to allow Dr. Wilson to freely discuss my case with any other physician currently or previously involved in my medical care.
- Character and intensity of pain** I will communicate fully with Dr. Wilson about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medication(s) are helping to my relieve pain.
- Pain treatment goals** I understand that Dr. Wilson will discuss the use of narcotic medications with me, including the issues of appropriate realistic goals, side effects and specific issues of developing tolerance dependence, habitation, addiction and withdrawal problems due to these medications and that I will have a chance to ask questions regarding the use of narcotic/opioid medications.

- Psychotropic medications will not be prescribed.** I understand that benzodiazepines medications such as Valium (diazepam), Xanax (Alprazolam), or Ativan (Lorazepam) will not be prescribed. If you are currently taking these medications, they must continue to be prescribed by your physician that initiated the psychotropic medication therapy, or a licensed psychiatrist.
- Periodic Clinical Review** I understand that the benefit of the narcotic/opioid pain medication will be evaluated periodically using the following criteria: degree of pain relief; increase in general functioning; increase in exercise activities, behavioral adjustment, completion of rehabilitation program; return to work status; and maintenance or return to employment.
- Disruptive or unacceptable behavior** patterns may result in discontinuing your narcotic/opioid medications.
- Follow-up appointments** I understand that I must keep office appointments as recommended by Dr. Wilson and that failure to comply may cause discontinuation of my narcotic/opioid prescriptions.
- Multiple pharmacies** are not permitted. You must agree to use a single pharmacy to obtain your pain medication. This pharmacy will be of your own choosing. You are responsible for providing the name, location and telephone number of your pharmacy. If for whatever reason you decide to change your pharmacy, you must immediately provide the name, location and telephone number of the new pharmacy.

I agree to use **only** the following pharmacy:

Name of Your Pharmacy:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Recommended care of your pain medications:**

- Always bring your medications to all of your office appointments.
- Keep all of your medications away from children. It is best to keep them under lock and key, even if you live alone.
- Always open your bottles over a counter or table, so that if the pills fall out you may be able to collect and use them. Never open the bottle over the commode. We will not replace damaged medications.
- Do not discuss with others about the types of medicines that you take. Be aware of scams, where persons look for people willing to make their medication information available, often while sitting at a pharmacy or even the physician's waiting room. The unsuspecting patient is then either assaulted and the medications taken, or followed home, where they wait for an opportunity to break in and steal the medications.
- Never carry more medicine than what you will consume during that day. If your medication is lost or stolen, you will be out of it for only one day. Remember, we will not replace lost or stolen medications.
- Always keep your medications under lock and key, even if you live alone. We have had cases of visiting friends who may come with someone else, unknown to the owner of the house, who have stolen the medications on an innocent trip to the bathroom.
- Always know how much medicine you have left and if you need a refill. It is your responsibility to know when you are running out of medicine. Adopt an *Early Warning System*. We recommend that you put aside, in a separate (well-labeled) container, 7-10 days worth of pain medicine. Then use the remainder, like you normally would. When the primary supply runs out, then you know that you have 7-10 days to have your prescription refilled.
- Never take more medicine than the prescribed amount. If you run out of medicine early, we will not give you more.
- Taking less medication is perfectly acceptable, especially if you feel that you do not need as much.
- If you have a problem (side-effect), with your medication stop taking it immediately. If the side-effect seems serious, go to your nearest hospital emergency room. Otherwise, stop the medication and call our office to request an earlier appointment to discuss the problem. Do not ask to have the medication changed over the phone. No medications are prescribed or changed via telephone.

# PAIN MEDICATION POLICY AGREEMENT

---

---

I am in full agreement with the terms of the Pain Medication Policy. I have read and understand all of the information in the Pain Medication Policy and all of my questions and concerns regarding treatment have been adequately answered.

I understand that the purpose of this Agreement is to prevent misunderstandings about certain medications I will be taking for pain management. This is to achieve compliance with the laws related to the prescribed use of controlled pharmaceuticals.

I understand that if I break any term of this Agreement, Dr. Wilson may stop prescribing these pain control medications and has the right to discharge me from his care. In this case, he shall provide me with a thirty (30) day prescription of medicine(s), any scheduled appointments or emergency appointments during that thirty (30) day period, and Dr. Wilson shall provide me with contact telephone numbers to assist in my selection of a new physician.

I understand that this Agreement is essential to the trust and confidence necessary in the physician-patient relationship and that Dr. Wilson undertakes to treat me based on this Agreement.

I have received a copy of this document for my records.

This Agreement of the Pain Medication Policy is entered into on this

\_\_\_\_\_ day of \_\_\_\_\_.

Patient Signature: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Printed Witness Name: \_\_\_\_\_