



LONG-TERM CONTROLLED SUBSTANCE THERAPY FOR CHRONIC PAIN CONSENT / AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. This additionally will be your consent to the administration of addictive medication/substances with potential side effects.

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 and have known medical risks. 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.

I understand that the common side effects of opioid therapy include constipation, nausea, sweating, and itchiness of the skin. Drowsiness and difficulty concentrating may occur when starting opioid therapy or when increasing the dosage. I agree to refrain from driving a motor vehicle or operating dangerous machinery if I am experiencing any of these symptoms.

I understand that dangerous side effects can occur if these medications are taken with other medications or mixed with alcohol. I agree not to take any unauthorized medications or mix pain medications with alcohol intake.

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 at Clearway Pain Solutions Institute to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from your physician at the Clearway Pain Solutions Institute 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.)
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:
Pharmacy: _____ Phone No.: _____
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. 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, discontinuation of therapy with controlled substance and discharge from Clearway Pain Solutions Institute.
7. 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.

8. 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.
9. 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.
10. Early refills will generally not be given. These medications should not be stopped abruptly, as an abstinence syndrome will likely develop. Therefore, take all medications as prescribed to avoid early refill issues. You must bring in all prescribed medications from our doctors at each office visit.
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.
12. Refills, in general, will not be called in after office hours or on weekends.
13. 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.
14. Renewals are contingent on keeping scheduled appointments, completing recommended treatment programs such as smoking cessation, weight loss, and reconditioning programs.
15. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
16. The risks and potential benefits of these therapies will be discussed by your physician. You will ask questions and seek any additional information from your physician and pharmacist as needed. You will obtain a medication insert from your pharmacist for a complete list of side effects, precautions, and drug interactions for all medications taken.
17. It is understood that failure to adhere to these policies may result in the cessation of therapy with controlled substances prescribing by this physician, referral for further specialty assessment, and discharge from Clearway Pain Solutions Institute.
18. 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.

Patient Name (Printed)

Patient Signature

Date

Spouse/Partner Name (Printed)

Spouse/Partner Signature

Date