



HIGHLAND FAMILY PRACTICE

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**Long-term Controlled Substances Therapy
for Chronic Pain Agreement**

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 an 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 the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness your providers at Highland Family Practice to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the providers at Highland Family Practice, unless specific authorization is obtained for an exception. You agree not to solicit or accept controlled medication from other providers, including dentists, chiropractors and ER/urgent care providers. Multiple sources of controlled medication can lead to untoward drug interactions, poor coordination of treatment and overuse.

2. You agree to obtain all controlled substances from the same two pharmacies. Should the need arise to change pharmacies, our office must be informed. The pharmacies that you have selected are:

_____ Phone: _____
_____ Phone: _____

3. You agree 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. You give permission to the prescribing providers in this office 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 agree to take the medications only in the dosing and frequency prescribed by your providers. **You agree that you will not, under any circumstance, increase the dose or frequency for your medication without prior permission from your providers.**

6. You understand and agree that your drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.

7. You agree to unannounced urine or serum toxicology screens and understand that your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for an addictive disorder and/or discharge from this practice. Refusal to provide a sample when requested is grounds for immediate discharge from the practice.

8. You agree not to use any illegal substances, including cocaine, speed, meth, hallucinogen, heroin, etc.

9. You agree not to use this medication in conjunction with excessive alcohol.

10. You agree not to share, sell or trade your medication for money, goods or services.

11. 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 medications and written prescriptions. They must not be left where others might see or otherwise have access to them.

12. Your 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 might be made, but only after careful review of the appropriateness of replacing your medication. You understand that your failure or negligence to safeguard your medications may cause you to be without medications for a period of time and precipitate a reevaluation of your competence to continue on these medications. You understand that loss of your medications twice in 12 months might result in discharge from the practice.

13. Since your medications 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.

14. Early refills will generally not be given. Prescriptions may be issued early if the provider or patient will be out of town or the pharmacy will be closed when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.

15. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies or were selling your medications, you agree that all confidentiality is waived and these authorities may be given full access to our records of your controlled substances administration. You understand that your providers will report all diversionary behavior and expect this to result in arrest and criminal prosecution.

16. Medication renewals are contingent on keeping scheduled appointments. You agree to not phone for prescriptions after hours, on weekends or on holidays.

17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit and absence of significant side effects or misuse. You agree to be evaluated by a psychologist or an addiction specialist at any time during your treatment at your provider's request. If it is determined that you are not a candidate for further treatment, you agree to weaning and treatment discontinuation.

21. All patients that receive narcotics from Highland Family Practice are recommended to lock their narcotic and/or controlled stimulant medications in a safe. It is also recommended that the safe is bolted to the floor. The safe should be at least one-cubic foot in size. Patients are expected to remove only the amount of medication from their medication container that is needed for each day. The medication that is removed for that day should be placed in a container with the same label as the container from which the medication was taken. In case of trips away from home, patients are expected to remove only the amount of medication from the safe that will be needed for the duration of the trip. Theft or loss resulting from failure to follow these requirements will result in the medication that was stolen or lost not being replaced. Police reports will not be accepted. Repeated theft or loss of full containers of medication will result in release from Highland Family Practice.

19. Paper prescriptions for narcotic and/or controlled stimulant medications are also to be locked in a safe until the day they are to be presented to the pharmacy to be filled. The same consequences discussed in the previous paragraph will be applied for theft and/or loss of paper prescriptions.

20. Patients that are taking narcotic and/or controlled stimulant medications that are being prescribed by Highland Family Practice are subject to random drug screens and/or random pill counts. Failure to comply with a request for a random drug screen and/or random pill count within the time frame specified by Highland Family Practice will result in release from Highland Family Practice. Failure to

respond to three phone calls on three separate days for a random drug screen and/or random pill count will be considered failure to comply and will result in release from Highland Family Practice.

21. The risks and potential benefits of these therapies are explained elsewhere and you acknowledge that you have received such explanation.

22. You agree that your failure to abide by the terms of the agreement may result in the withdrawal of all prescribed medication by your providers and termination of the provider-patient relationship.

23. 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.

Name: _____ DOB: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Revised: 01/16/2019