PATIENT RESPONSIBILITY AGREEMENT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to assure that you and your physician comply with all state and federal regulations concerning the prescribing of controlled substances. Controlled substances can be considered for moderate to severe pain with the intent of reducing pain and increasing function. The physician’s goal is for you to have the best quality of life possible given the reality of your clinical condition. The success of treatment depends on mutual trust and honesty in the physician/patient relationship and full agreement and understanding of the risks and benefits of using controlled substances to treat pain.

1. You should use one physician to prescribe and monitor all controlled substances.
2. You should use one pharmacy to obtain all controlled substances prescribed by your physician. Should the need arise to change pharmacies, Pinnacle Pain Medicine will be notified.
   
   Pharmacy: _________________________________  Phone Number: ___________________

3. You should inform your physician of all medications you are taking including herbal remedies, since controlled substances can interact with over-the-counter medications and other prescribed medications, especially cough syrup that contains alcohol, codeine or hydrocodone.
4. You will be seen on a regular basis and given prescriptions for enough medication to last from appointment to appointment. You are to take medications as prescribed.
5. Prescriptions will be refilled during appointments only.
6. You must bring all medication bottles to your appointment.
7. You are responsible for keeping your pain medication in a safe and secure place, such as a locked cabinet or safe. Stolen medications should be reported to the police and to your physician immediately. Lost or stolen prescriptions will not be refilled.
8. It is against the law to give or sell your medications to any other person.
9. The use of alcohol and controlled substances is not advised.
10. There are side effects with controlled substances which may include, but not exclusively, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, or the possibility of impaired cognitive and/or motor ability. Overuse of controlled substances can cause decreased respiration.
11. If you have a history of alcohol or drug misuse/addiction, you must notify the physician of such history since the treatment with controlled substances for pain may increase the possibility of relapse. A history of addiction does not, in most instances, disqualify one for treatment of pain with controlled substances but starting or continuing a program for recovery is a must.

   If the responsible legal authorities have questions concerning my treatment, as might occur, for example if I obtained medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to Pinnacle Pain Medicine records of controlled substances administration. In the event that you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given to you.

12. You agree to allow your physician to contact any healthcare professional, family member, pharmacy, legal authority, or regulatory agency to obtain or provide information about your care or actions, if the physician feels it is necessary.
13. You also agree to a family conference or a conference with a close friend or significant other, if the physician feels it is necessary.

14. You agree and understand that your physician reserves the right to perform random or unannounced urine drug testing. If requested to provide a urine sample, you agree to cooperate. If you decide not to provide a urine sample, you understand that your doctor may change your treatment plan, including safe discontinuation of your controlled substances when applicable or complete termination of the doctor/patient relationship. The presence of a nonprescribed drug(s) or illicit drug(s) in the urine can be grounds for termination of the doctor/patient relationship. Urine drug testing is not forensic testing, but is done for your benefit as a diagnostic tool and in accordance with certain legal and regulatory materials on the use of controlled substances to treat pain. You accept responsibility for the cost of the urine drug test in the event that your healthcare coverage will not cover the cost of this test.

15. You should not use any illicit substances, such as cocaine, marijuana, etc. while taking these medications. This may result in a change to your treatment plan, including safe discontinuation of your prescribed controlled substances when applicable or complete termination of the doctor/patient relationship.

16. Any evidence of drug hoarding, acquisition of any controlled substances from other physicians (which includes emergency rooms), uncontrolled dose escalation or reduction, loss of prescriptions, or failure to follow the agreement may result in termination of the doctor/patient relationship.

I understand that if I violate any of the above conditions, my prescription for controlled substances may be terminated immediately. If the violation involves obtaining controlled substance medications from another individual, or the use of non-prescribed illicit drugs, I may also be reported to all my physicians, medical facilities and appropriate authorities.

I have read this agreement and the same has been explained to me by Pinnacle Pain Medicine staff. In addition, I fully understand the consequences of violating this agreement may include cessation of therapy with controlled substances and/or discharge from Pinnacle Pain Medicine.

Patient Signature                 Date

Witness Signature                Date