

DENVER BACK PAIN SPECIALISTS CONTROLLED SUBSTANCE AGREEMENT

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I may receive narcotic pain medication because alternative treatments and medications have not adequately controlled my pain. It is unlikely that any medication will completely take away my pain, but for humane reasons, narcotic pain medication may be given to me to help in controlling my pain, provided that I follow the terms of this agreement.

I understand that the possible complications of narcotic therapy include, but are not limited to chemical dependence (physiologic need for medication, withdrawal symptoms if medication use is abruptly reduced), tolerance (failure of same dosage to provide same effect), addiction (aberrant behaviors related to medication use), constipation, difficulty with urination, fatigue, drowsiness, nausea, vomiting, itching, stomach cramps, loss of appetite, confusion, perspiration, flushing, dizziness, allergic reaction, decreased reaction time, depressed respiration, and reduced sexual function. Additional medication may help with some of these side effects, but at times the narcotics will need to be reduced or discontinued. Overdose of these medications may cause injury or even death.

I may not be able to safely operate machinery or drive while on this medication, especially while it is being started or adjusted. I am responsible for making honest, careful assessments about my alertness, response time, attention, and physical coordination while taking this medication to minimize risk or injury to myself or to others.

I understand that the main treatment goal is to improve my ability to function and/or work and that adherence to a healthier lifestyle can contribute to a successful outcome in that regard. In the consideration of that goal, I agree to help myself by following better health habits specifically involving exercise, weight control, and the cessation of tobacco, alcohol and illicit/illegal substance use. Also, psychological evaluation and/or treatment may be required as a condition of this agreement and continued prescribing of controlled substances at the discretion of my physician. My care will be reviewed regularly and ongoing prescribing of these medications may be contingent on clinical evidence of maintained or improved functioning.

Because my physician is prescribing such medication for me to help manage my pain, I agree to the following conditions:

- **I will take controlled substance medications ONLY as prescribed by my physician/provider.** I will comply with the prescribed dosing and frequency of recommended use and will inform my physician about all other medications and treatments that I am receiving.
- **I am responsible for my controlled substance medication.** If the prescription or medication is lost, misplaced, stolen or I use it up sooner than prescribed, I understand that it will not be replaced. I will not share, sell or trade my medication.
- **I will not request nor accept controlled substance medication from any other physician/provider while I am receiving such medication from Denver Back Pain Specialists.** Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in a hospital.
- **Refills of controlled substance medication:**
 - A. Will only be done during regular office hours and require 48 hours notice.
 - B. Will not be done on weekends.
 - C. Will not be made if I run out early.
 - D. Will not be made in an emergency (I will call 48 hours in advance).
 - E. May be contingent upon compliance with other treatment recommendations and follow-up visits.
- **I may be required to submit urine, saliva and/or blood samples for monitoring compliance of my controlled substance use.** This may also include testing for illegal/illicit substances (which I agree NOT to take while being prescribed controlled substances by my physician). We do randomly test, and you may be tested.
- **If I violate any of the above conditions** (or if compliance is in question based on urine testing /other information), **it may result in discontinuation of controlled substance prescribing** at the discretion of my physician and I may be reported to other treating physicians/medical facilities and/or local, state or federal authorities. Furthermore, I waive any applicable privilege or right of privacy/confidentiality with respect to my being prescribed controlled substances and authorize my physician, pharmacy, and insurer to fully cooperate with law enforcement authorities in investigating any potential misuse of these medications.

_____ Initial here and sign page 2

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Addendum 8.1.2016

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There has been a large increase in opioid use, abuse, and deaths due to overdose over the last several years. Government regulators and pain physicians are now needing to give much greater attention to the use of opioids in order to keep our patients safe. Also, the chronic use of opioids can lead to a lowering of IQ, testosterone levels, bone calcium levels, and other health problems.

Use of opioids other than as prescribed, or the mixing of opioids with alcohol, benzodiazepines or other drugs can be lethal!

We test for alcohol and THC and our policy is not to prescribe opioids with these other substances, or other substances that are not prescribed by our providers.

We MAY require that you have naloxone, an opioid reversal agent, with you (we may prescribe this).

I will use only _____ pharmacy for these medications and I authorize you to supply them with a copy of this contract.

Patient's Signature

Date

FNP or Physician's Signature

Date

Witness' Signature

Date

Faxed to pharmacy on _____ by _____