

## NARCOTIC AGREEMENT

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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 of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the physician whose signature appears below 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 or toxicity leading to death.)
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 Name: \_\_\_\_\_ phone: \_\_\_\_\_  
Fax# \_\_\_\_\_, Address \_\_\_\_\_

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. You are to inform our office within 48 hrs of any visit to the emergency room or admission to the hospital.

4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists, primary care physician, designated family member, significant other, caregiver and other professionals who provide your health care for purposes of maintaining accountability.

5. You must not share, sell, or otherwise permit others to have access to these medications or buy these medications through the internet.

6. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop. You agree to go to a detox center should abrupt cessation occur.
7. 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.
8. 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.
9. Original containers of medications should be brought in to each office visit.
10. 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.
11. Medications will 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, you must wait for your next office visit.
12. You must not use these medications in a manner inconsistent with its labeling. You must not snort, shoot, inject any of these medications into your body.
13. 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.
14. 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.
15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
16. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.

17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
18. The risks and potential benefits of these therapies are explained elsewhere [and you acknowledge that you have received such explanation].
19. 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.
20. You agree to visit other specialists or other health care providers when referred by your doctor.

Physicians Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Addendum To Narcotic Agreement:**

Drug abuse and diversion is a threat that we at Genesis medical clinic take very serious. It is our goal to offer you the best medical service available.

Your safety and well-being is our utmost concern, a task that we take very seriously. In order to serve you better and be fully compliant with all federal and state statutes and the standards of care, the following changes are being made as a result of our continuous quality assurance programs. Initial each number at the space indicated, sign and date the last page.

1. ----We are introducing new forms. All questions must be filled in completely. Write N/A if it does not apply to you but do not leave any question blank.
2. -----You must present documented evidence of failed alternative therapy for the management of your pain. It could be a consultation note or letter from your Physical Therapist, Chiropractor, Spine Doctor, Neurologist, Orthopedic or another appropriate specialist that injections, physical therapy, surgery or other alternate treatment modalities are not enough to adequately control your chronic non-cancer intractable pain without adding narcotic analgesics. These documents are required within 28 days in order for you to continue being treated here and continue to get your medications. If you have none of the above, you will be referred for specialist consultation and alternate treatment modalities and consultation notes from the referrals must be received by our office before your next visit or you will not be seen.
3. ----You will be tested every 3 months or sooner as determined by your doctor, for both active drugs and metabolites to make sure that you are compliant with your Narcotic Agreement.
4. -----Your MRI/CT scan must be renewed every 2 to 3 years.
5. -----Your blood work must be done once yearly (or more often if deemed necessary by your doctor) and the report should be received by our office within 28 days of issuance of blood work script. If blood work is abnormal, you will be required to repeat your blood test within a certain time as determined by your doctor, or referred to an appropriate specialist and compliance with the above is necessary to continue pain management.
6. -----This is a smoke free medical environment. Smoking is not allowed anywhere within or outside the clinic or parking areas.



7. -----You will agree to do your best to either lose weight or cease smoking as may be recommended by your doctor.
8. -----You must have a primary care physician for follow up for your other non-pain related medical conditions. If your doctor refers you to another specialist during the course of your treatment, consultation with that specialist is necessary for continuation of your treatment at this clinic.
9. -----It is the current understanding within the medical community that opioid medications in excess of 200 morphine equivalent dose will pose greater danger to your health, increase your risk of serious adverse effects like overdose, difficulty breathing or depression and increased pain perception. This risk is further increased with obesity, smoking, abnormal liver or kidney function, sleep apnea, severe lung disease, older age and some other medications if taken in combination, at any opioid dose. YOUR MEDICATIONS AND CO-EXISTING MEDICAL CONDITIONS WILL BE REVIEWED BY YOUR DOCTOR AND YOUR OPIOID MEDICATIONS MIGHT BE TAPERED DOWN SLOWLY OVER A PERIOD OF TIME IF DEEMED NECESSARY BY YOUR DOCTOR, TO COMPLY WITH THIS CURRENT UNDERSTANDING WITHIN THE MEDICAL COMMUNITY. You might also be referred to an appropriate specialist by your doctor if necessary to assist with this slow tapering down of your medications to a safer dose.

Physicians Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_