



OPIOID CONTRACT

Controlled substances—including narcotics, tranquilizers, and barbiturates—can be effective in managing pain and improving function and the ability to work. However, these medications also carry a high potential for misuse, dependence, and serious side effects. These medications are prescribed to improve function, not solely to produce a feeling of well-being.

Please read the following agreement carefully. By signing at the end, you acknowledge and agree to all conditions set forth by Pain Management Associates, Inc.

Patient Responsibilities

- I understand that I am fully responsible for my controlled substance medication.
- If my prescription is lost, misplaced, stolen, damaged, or used sooner than prescribed, it will not be replaced under any circumstances.
- I agree not to request or accept controlled substance medications from any other physician, provider, or source while receiving medication from Pain Management Associates, Inc., unless prior permission is granted.
- I understand that a prescriber lock may be implemented to enforce this agreement.

Prescription and Refill Policy

- There will be no early refills for any reason, including lost or misplaced medication, spilled medication, or running out early.
- Refill prescriptions will be provided only at scheduled office visits.

Monitoring and Compliance

- I agree to comply with random urine or blood testing to monitor appropriate use of prescribed medications.
- I acknowledge that driving/operate heavy equipment may be restricted while taking controlled substances and that I am responsible for complying with all applicable state laws.

Risks, Side Effects, and Safety

- I understand that possible side effects may include, but are not limited to: sedation, itching, nausea, vomiting, difficulty urinating, and constipation.
- I understand that there is a risk of addiction and physical dependence associated with these medication.
- I understand that abruptly stopping this medication may result in withdrawal (abstinence syndrome).
- I acknowledge that serious risks, including respiratory depression and death, may occur.
- If I feel excessively drowsy or sedated, I will not take additional medication, even if my pain level is severe.

Prohibited Substances and Use

- The use of alcohol or illicit drugs while taking prescribed controlled substances is strictly prohibited.
- Medications must be taken only as prescribed and not altered in dose, frequency, or method.

Conduct and Termination of Care

- Inappropriate, abusive, or threatening behavior toward physicians or staff will not be tolerated and may be reported to appropriate authorities.
- I understand that my physician may reduce or discontinue my controlled substance prescription at any time and for any reason.
- Violation of this agreement may result in discontinuation of controlled substance prescriptions and/or dismissal from the practice.

Acknowledgment and Consent

By signing below, I acknowledge that I have received, read, and understand this Controlled Substance (Opioid) Agreement. The terms have been explained to me, I have had the opportunity to ask questions, and all my questions have been answered. I fully agree to comply with all conditions outlined above and understand that failure to do so may result in termination of care.

Patient Name: _____

DOB: _____

Patient Signature: _____

Date: _____