

Valley Pain Clinic

Agreement for Opioid Maintenance Therapy

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. A trial of opioid therapy 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 opioids to treat pain.

1. You should use one physician to prescribe and monitor all opioid medications and adjunctive analgesics.
2. You should use one pharmacy to obtain all opioid prescriptions and adjunctive analgesics prescribed by your physician.

Pharmacy: _____ Phone Number: _____

3. You should inform your physician of all medications you are currently taking, including herbal remedies, since opioid medications can interact with over-the-counter medications, and any 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, plus usually two to three days extra. This extra medication is not to be used without the explicit permission of the prescribing physician unless an emergency requires your appointment to be deferred one or two days.
5. Prescriptions for pain medicine or any other prescriptions will be done only during office visits or during regular office hours. No refills of any medications will be done during the evening or on weekends.
6. You are responsible for keeping your pain medication in a safe and secure place, such as a locked cabinet or safe. You are to protect your medications and prescriptions from loss or theft. Stolen medications should be reported to the police and to your physician immediately. If your medications or prescriptions are lost, misplaced, stolen, or damaged in any way your physician will not replace the medications and/ or may dismiss you as a patient, especially if this happens more than once. We are not responsible for withdrawal that may result from you not having your medications.
7. You may not give or sell your medications to any other person under any circumstances. If you do, you may endanger that person's health. It is also against the law.
8. Any evidence of drug hoarding, acquisition, of any opioid medication or adjunctive analgesia 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.
9. You should not use 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 opioid medications when applicable, or complete termination of the doctor/patient relationship.
10. The use of alcohol and opioid medications is contraindicated.
11. 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. You understand that you will be allotted 15min. to provide us with a urine drug specimen. If unable to provide one within the allotted time you understand that your appointment may be canceled and rescheduled to the next day. A urine specimen must be obtained within 24hrs. If unable to do that, you will be given a one month supply of your medication and instructions on how to wean yourself off of the medications and no future appointments will be made.
If the presence of a non-prescribed drug(s) or an illicit drug(s) are in the urine, this can be grounds for termination of the doctor/patient relationship. If the medication that is being prescribed to you by our office is not found in the urine specimen this can also be grounds for termination.
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.
12. Physical dependence and/or tolerance can occur with the use of opioid medications.

Physical dependence means that if the opioid medication is abruptly stopped or not taken as directed, a withdrawal symptom can occur. This is a normal physiological response. The withdrawal syndrome could include, but not exclusively, sweating, nervousness, abdominal cramps, diarrhea, goose bumps, and alterations in one's mood.

It should be noted that physical dependence does not equal addiction. One can be dependent on insulin to treat diabetes or dependent on prednisone (steroids) to treat asthma, but one is not addicted to the insulin or prednisone.

Addiction is a primary, chronic neurobiologic disease with genetic, psychosocial and environmental factors influencing its development and manifestations; it is characterized by behavior that includes one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and cravings. This means the drug decreases one's quality of life.

Tolerance means a state of adaptation in which exposure to the drug induces changes that result in diminution of one or more of the drug's effects over time. The dose of the opioid may have to be titrated up or down to a dose that produces maximum function and a realistic decrease of the patient's pain.

13. If you have a history of alcohol or drug misuse/addiction, you must notify the physician of such history since the treatment with opioid for pain may increase the possibility of relapse. A history of addiction does not, in most instances, disqualify one for opioid treatment of pain, but starting or continuing a program for recovery is a must.

14. There are side effects with opioid therapy, which may include, but not exclusively, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, or the possibility of impaired cognitive (mental status) and/or motor ability. Overuse of opioids can cause decreased respirations (breathing).

15. You will communicate fully to your physician to the best of your ability at the initial and all follow-up visits your pain level and functional activity level along with any side effects of the medications. This information allows your physician to adjust your treatment plan accordingly.

16. In the event that you are dismissed from our practice you and all family members will be dismissed.

17. You agree to allow your physician to contact any healthcare professional, family member, pharmacy, etc. to obtain or provide information about your care or actions if the physician feels it is necessary.

18. You agree to a family conference or a conference with a close friend or significant other, if the physician feels it is necessary.

The above agreement has been explained to me by _____ and I agree to its terms.

Patients Signature _____ Date _____

Witness's Signature _____ Date _____