

Alicja Steiner, MD, APC
Board Certified in Pain Management / Board Certified in Anesthesiology
Qualified Medical Examiner

Tel: (619) 948-8464 Fax: (619) 501-4806
2100 Fifth Avenue, Suite 200, San Diego, CA 92101
P.O. Box 8464 Rancho Santa Fe, CA 92067

Long-Term Controlled Substances Therapy for Chronic Pain Agreement

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 me and her staff, as consideration for, and a condition of, the willingness of the physician Dr. Steiner to consider the initial and/ or continued prescription of controlled substances to treat chronic pain.

1. All controlled substances must come from Dr. Alicja Steiner, or during 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.)

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:

Name of Pharmacy: _____

Address of Pharmacy: _____

Pharmacy Phone Number: _____

3. You are expected to inform our office of any new medications or medical conditions, and of adverse effects you experience from any of the medications that you take.

4. The prescribing clinician Dr. Alicja Steiner has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professional who provide your health care for purposes of maintaining accountability.

5. You may not share, sell, or otherwise permit others to have access to these medications.

6. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.

7. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substance 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 prescription and medication. They should not be left where others might see or otherwise have access to them.

9. Original containers or 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 may 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, an exception may be made.

12. Early refills will generally not be given.

13. Unless the physician or patient will be out of town when a refill is due. These prescriptions will contain instruction to the pharmacist that they not be filled prior to the appropriate date.

14. If the responsible legal authorities have questions concerning your treatment all confidentiality is waived and these authorities may be given full access to our records of controlled substance 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 and/or referral for further specialty assessment.

16. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or weekends.

17. It should be understood that any medical treatment is initially a trial, and that continued prescriptions are 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. By signing this agreement, you acknowledge that you have read, understand, and accept these terms.

Patient Name (Print) _____

Patient Signature _____

Date _____

Witness to above (Print) _____

Medical provider Signature: _____

Date: _____