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**Controlled Substance Contract**

The purpose of this agreement is to give you information about the medications you will be taking for pain management. This agreement also assures that you and your provider comply with all state and federal regulations concerning the prescribing of controlled substances. Because controlled substances have a potential for abuse or diversion, strict accountability is necessary with prolonged use. For this reason, you, the patient, must agree to the following policies and statements:

* I will obtain all my narcotic pain medication prescriptions only from my pain management provider at the Franklin Pain and Wellness Center.
* I will use only one pharmacy to obtain all my opioid prescriptions and adjunctive analgesics. The pharmacy I will use is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I will be seen on a regular basis. Prescriptions may be prescribed for up to a 30 day supply of medication.
* I understand that prescriptions for pain medicine will only be written or amended during a scheduled office visit.
* I will use my pain medication only as directed and prescribed.
* If I develop another pain condition (i.e. toothache, abdominal pain, etc.) I will not take more of my prescribed pain medication unless clearly directed by my pain management provider.
* I understand that no early refills will be given if I run out of my medication regardless of the circumstances.
* I will not give away or sell my pain medication.
* I will keep my narcotic pain mediations in a safe and secure place. Prescriptions will not be re-written if they are misplaced, lost or stolen.
* I understand that any evidence of drug hoarding, acquisition of narcotic pain medication from other sources or providers (i.e. the emergency room) and uncontrolled dose escalation or reduction may result in discharge from the Franklin Pain and Wellness Center.
* If I seek medical attention for another condition, I will not accept a narcotic prescription for another medical provider.
* If I receive narcotics while under the care of another provider (i.e. during an emergency room visit or in-patient hospitalization), I will notify my pain management provider within 24 hours.
* Female patients only: I will notify my pain management provider within 24 hours if I become pregnant.
* I will inform my pain management provider if I currently have or have ever had any problems with addiction to narcotics, alcohol, recreational drugs or other substances.
* I will abstain from alcohol use while taking narcotics as this combination can be lethal.
* I agree to allow random, unannounced drug screens and will cooperate when a urine or blood specimen is requested. I understand that being positive for an illegal substance or being negative for my prescription medication, are grounds for immediate discharge.
* I agree, if contacted by the pain clinic for a random pill count to present to the office within a 4 hr time period with all prescribed medications. I understand that failure to do so will result in immediate discharge.
* I understand that random drug screening is a requirement of my narcotic agreement and that my insurance company may not cover the cost in full and I will ultimately be responsible for any charges the insurance may not cover.
* When a urine drug screen is requested of you it must be completed within 1 hour. Failure to do so will result in discharge from narcotics.
* I will bring the containers of all my medications to each office visit.
* I agree to comply with a tapered withdrawal off my narcotic pain medication if my pain management provider feels that this is in my best interest. This would be done with my knowledge and my pain management provider would manage the symptoms of withdrawal.
* My pain management provider has permission to discuss all diagnostic tests and treatment details with the dispensing pharmacist, primary care provider or other practitioners.
* I understand that if any legal authorities have questions concerning my treatment, as might occur if I am using several pharmacies, all confidentiality is waived and the authorities will be given full access to my narcotic prescription history.
* I understand that if I have a problem, question of concern regarding any of my responsibilities in this agreement I can make an appointment to discuss them with my pain management provider and receive clarification before a problem or crisis situation arises.
* I understand that any violation of the terms and agreements of this contract is grounds for discharge from the Franklin Pain and Wellness Center and consider 30-days notice as adequate.
* I understand that if I use illegal drugs or sell my narcotic pain medication, dismissal from the pain clinic is immediate and no notice will be given.
* I understand that if I am discharged, I am responsible for finding my own alternate source of care.

I have read and understand this agreement and have been given the opportunity to ask any questions.

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Patient’s Printed Name Date of Birth

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Patient’s Signature Date

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Pain Management Providers Signature Date

Revised May 2017. SA