



Controlled Substance Agreement

We at Gonzaga Family Health understand that your pain can be a significant hindrance to the quality of life you desire. In order to help you achieve your goals, we may utilize referrals for interventional procedures, physical and/or occupational therapy, and/or oral medications as part of your treatment plan. Narcotics have a long history of safety when used in a proper manner and as prescribed. Side effects can include, but are not limited to; constipation, urinary retention, itching, nausea, and sometimes, confusion. ADDICTION TO NARCOTICS may occur with use over several weeks. Therefore, we must weigh the risks versus benefits before issuing these medications. We will discuss these risks with you if and when you are prescribed a narcotic. Your pharmacist is also able to give you more information about your prescription. It is vital that you take all medications the way that they are prescribed by your medical provider. Taking more medication than prescribed can result in; respiratory failure, cardiac arrhythmias, GI bleeding, addiction, dependency, or even death. Please be certain to take your medications as prescribed.

The Agreement

I, _____, a patient of Gonzaga Family Health, have been informed that certain prescriptions that are controlled substances (including, but not limited to); narcotic pain medications, stimulants, benzodiazepines, tranquilizers, and/or barbiturate sedatives can lead to addiction or a relapse of a prior addiction for myself if not taken as prescribed. Also, there is the potential for those around me to misuse or abuse these substances. Therefore, I have been informed that it is necessary to observe strict rules pertaining to their use, and I will agree to follow the terms and procedures described in this agreement as consideration for, and as condition of, the willingness of the physician who may consider prescribing or continue to prescribe any controlled substances to treat my pain or other medical condition.

- 1) I will inform my provider of any current or past substance abuse or any current or past substance abuse of an immediate family member.
- 2) I agree that I may be subject to a voluntary evaluation by a psychologist and/or psychiatrist, possibly at my own expense, before any controlled substances are prescribed. I agree that the need to be evaluated by a psychologist, psychiatrist, and/or my primary care provider may be revisited every three to six months thereafter while taking a controlled substance.
- 3) All controlled substances must come from a provider within the Gonzaga Family Health Office. In other words, I will not seek additional prescriptions for controlled substances from other medical providers. My controlled substances will come from the provider whose name appears on the script, or during his or her absence, by the covering provider, unless specific written authorization is obtained from the office for an exception.
- 4) I will obtain all controlled substances from the same pharmacy. Should I need to change my pharmacy, I will inform Gonzaga Family Health at the earliest possible time.
- 5) I will inform the office at Gonzaga Family Health of any new medications or medical conditions, and of any adverse effects I might experience from any of the medications that I take.
- 6) I will inform my other health care providers that I am taking controlled substances if prescribed, and of the existence of this Agreement. In the event of an emergency, I will provide the foregoing information to the emergency department providers.
- 7) For purposes of maintaining accountability, I agree that my prescribing provider has permission to discuss all diagnostic and treatment details with other health care providers, pharmacists, or other professionals who provide my health care regarding my use of controlled substances.
- 8) I will not allow anyone else to have, use, sell, or otherwise have access to these medications. The sharing of medications with anyone else is forbidden and is against the law.
- 9) I understand that controlled substances may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, and that I must keep them out of reach of such people for their own safety.
- 10) I understand that tampering with a written prescription is a felony. I will not change or tamper with my provider's written prescription.
- 11) I am aware that attempting to obtain a controlled substance under false pretenses is illegal.
- 12) I agree not to alter my medication in any way, and I will take my medication whole; my medication will not be broken, chewed, crushed, injected, or snorted.
- 13) I will take my medication as instructed and prescribed and I will not exceed the maximum prescribed dose. Any change in dosage must be approved by a Gonzaga Family Health provider.
- 14) I understand that these drugs should not be stopped abruptly, as withdrawal symptoms may develop.



- 15) I will cooperate with unannounced urine or see a room toxicology screenings has requested, as well as random pill counts of medications prescribed by my providers. Failure to comply may result in immediate discharge from the practice.
- 16) I understand that the presence of unauthorized and/or illegal substances in the screenings described in the paragraph above may prompt a referral for assessment for substance abuse disorder and/or discharged from the practice.
- 17) I understand that medications may not be replaced if they are lost, damaged, or stolen. If any of these situations arise that cause me to request an early refill of my medication, a copy of the file police report will be required. This is not a guarantee that the provider will fill my medications early, however.
- 18) I understand that a prescription may be given early if the provider or the patient will be out of town when the refill is due. These prescriptions will contain instructions to the pharmacist at the prescription or prescriptions may be filled prior to the appropriate date.
- 19) If the responsible legal authorities have questions concerning my treatment, as may occur, for example, if I obtained my medication or medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to my medical records of controlled substances administration.
- 20) I will keep my schedule appointments in order to receive medication renewal. If I need to cancel my appointment, I will do so with a minimum of 24 hours before it is schedule.
- 21) I understand that I may be asked to bring my medications in their original container to Gonzaga Family Health office while I am on controlled medication.
- 22) I understand that any medical treatment is initially a trial, with the goal of treatment being to improve the quality of life and my ability to function and/or work. These parameters will be assessed periodically to determine the benefits of continued therapy. I understand that if the provider thinks that I need additional pain management treatment, I may be referred to a pain management specialist who will handle my pain management needs. I will comply with all treatments as outlined by my provider at Gonzaga Family Health.
- 23) I have been explained the risks and potential benefits of these therapies, including, but not limited to; psychological addiction, physical dependence, withdrawal and/or overdose.
- 24) I understand that failure to it here to these policies and/or failure to comply with the physician's treatment plan may result in cessation of therapy with controlled substances prescribed by my provider or a referral for further specialty assessment, as well as possible discharge from the practice.
- 25) I, the undersigned patient, a test that were going was discussed with me and that I have read, fully understood, and agreed to all the above requirements and instructions. I affirm that I have the full right and power to sign and be bound by this agreement.
- 26) I understand my pain medications and treatment may be stopped or one or any of the following:
 - a. if I do not comply with the provider's treatment plan, including addiction and other behavioral health service
 - b. if my provider feels that narcotics are not helping to relieve my pain
 - c. if my ability to function has not proved
 - d. if I fail to comply with pill count analysis or random urine drug testing
 - e. if the treatment fails to be effective
 - f. if I develop side effects that are of concern to my provider
 - g. if I give, sell, or misuse the narcotics
 - h. if I obtained narcotics from any other sources without notifying Gonzaga Family Health parentheses including ER visits and surgeries)
- 27) all ineffective medications must be returned and may not be discarded in the trash were flushed down the toilet.

*If I do not follow through with all aspects of my care parentheses including nonnarcotic medications) my treatment may be reevaluated and terminated. If I have questions or concerns about my pain management, I will contact Gonzaga family health at 301 – 729 – 9475. This contract remains in effect for the duration of my care. I understand the above information and agreed to abide by the contract.

Print Name:

Date:

Signature:

Pharmacy:

Witness Signature:



Witness Name (print):

GONZAGA FAMILY HEALTH
