

Opioid (Narcotic) Agreement

I understand that in order to receive care for the treatment of pain in Relievis - Advanced Spine And Pain, LLC, I **MUST** comply with the following rules:

1. I **UNDERSTAND** that narcotic and controlled drug prescriptions are **MY RESPONSIBILITY** once they are placed in my hand. I **UNDERSTAND** that if anything happens to this prescription (i.e. it is lost, stolen, flushed down the toilet, etc.), I am personally responsible, and physicians, physician's assistants and/or nurse practitioners **WILL NOT** rewrite the prescription until the designated time is given.
2. Your narcotic and controlled drug prescription **WILL NEVER** be refilled after hours or on the weekends.
3. All controlled substances should be obtained at the **SAME PHARMACY**. Should the need arise to change pharmacies our office must be informed.
4. I **WILL** take medications as a dose and frequency prescribed. Any changes in the dose or frequency will be discussed with my physician, physician's assistant and/or nurse practitioner at Relievis - Advanced Spine And Pain, LLC. If my medications are prescribed every eight-hour basis, I **WILL** take these medications every eight hours. I **UNDERSTAND** that if I use more than the allowed amount or use up my medication before my appointment date, **NO MORE PILLS WILL BE GIVEN**.
5. I **UNDERSTAND** that narcotics and controlled drug prescriptions **WILL NOT** be phoned into the pharmacy. I **MUST** appear for my given appointment time.
6. I **UNDERSTAND** that if I come in at an earlier date for an appointment, my medication **WILL NOT** be given the date of the original appointment.
7. I **WILL** receive prescriptions at the interval determined by physician, physician's assistant and/or nurse practitioner in Relievis - Advanced Spine And Pain, LLC.
8. I **WILL NOT** receive controlled substances for the treatment of pain from any source other physician, physician's assistant and/or nurse practitioner in Relievis - Advanced Spine And Pain, LLC.
9. I **WILL** communicate with my primary physician that I am treated at Relievis - Advanced Spine And Pain (ASAP) for the controlled prescribing of pain medications. I understand that Relievis - Advanced Spine And Pain (ASAP) has the permission to discuss all diagnostic and treatment details with the dispensing pharmacist or other professionals who provide your health care.
10. I **WILL** consent to random drug testing. I will **NOT** use **any illegal substances** (cocaine, heroin, crystal methamphetamine, PCP, ecstasy, ketamine, etc.) or use any controlled substances which are not prescribed in our practice while being treated with controlled substances at Relievis. Refusal of such testing or positive results will result in prompt termination of care from Relievis - Advanced Pain And Spine (ASAP).
11. I **WILL** safeguard my prescribed medications. I understand that these medications may be lethal or hazardous to a person that is not tolerant to its affects, especially a child.
12. I **WILL** comply with my schedule appointments.
13. I **UNDERSTAND** that there is a possibility of impairment of thought processes, especially if this narcotic is combined with a sedative, a sleeping pill, tranquilizer or alcohol.
14. I **UNDERSTAND** the possible adverse effects and dependencies associated with these medications. Overdose of medication may result in injury or possible death. Other side effects may include, but are not limited to constipation, difficulty in urination, fatigue, drowsiness, nausea, itching, loss of appetite, confusion, sweating, flushing, sexual dysfunction, and or depressed respiration.
15. I **UNDERSTAND** that if I plan to become pregnant or become pregnant, I have to inform physician, physician's assistant and/or nurse practitioner in Relievis - Advanced Spine And Pain, LLC immediately. I **UNDERSTAND** that if I become pregnant, a child **WILL** likely be physically dependent at birth if I continue narcotics.
16. You are expected to **INFORM OUR OFFICE** of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
17. I **UNDERSTAND** that changing date, quantity or strength of medication or altering a prescription in any way, shape or form is against the law. Forged signatures are also against the law. If there is a violation this will be reported to the patient's pharmacy, local authorities and DEA.
18. I realize that it is **MY RESPONSIBILITY** to keep others and myself from harm, including safety of driving and the operation of machinery.
19. I **UNDERSTAND** that if I violate this contract, all medications from Relievis - Advanced Spine And Pain (ASAP) **WILL** thereafter CEASE.
20. I **UNDERSTAND** this mode of treatment will be stopped if any of the following occurs:
 - a) I giveaway, sell, or misuse the drugs or use other people's drugs or illegal substances
 - b) I am noncompliant with any of the terms of this agreement
 - c) I disrespect or harass any of the Relievis - Advanced Spine And Pain (ASAP) personnel.
 - d) I do not follow up regularly or as requested by my physician, physician's assistant and/or nurse practitioner.

YOU ARE INFORMED that you have the right and power to sign and be bound by this agreement, and that you have read, understand and accept all of its terms.

Patient's name / Signature

Date