



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

### OPIOID PRESCRIPTION PATIENT AGREEMENT

Please consider this information carefully before agreeing to take your \_\_\_\_\_ prescription.

#### Side effects of this pain medicine:

- Dizziness
- Light-headedness
- Feeling faint
- Sleepiness
- Nausea or vomiting
- Constipation

#### You must not drink alcohol with this medicine.

If you take this medication and drink alcohol, it can slow down your breathing, or stop it altogether.

#### When you take this medicine, you should not drive.

If you are driving and are stopped while on this medicine, you may be charged with DUI.

#### You should not run machinery or other heavy equipment.

You may have difficulty thinking clearly, or you may not be able to respond quickly when taking this medicine, which could place you, or others around you, in danger.

#### This medication can be addictive.

Usually, patients do not become addicted to this medication if used as prescribed and if taken for a short period. However, people respond to medications in different ways, and it is important to know there are risks.

#### Store this medicine in a locked cabinet, drawer, or lockbox.

Because of its potential for addiction and misuse, this medication should be kept away from anyone for whom it is not prescribed. Do not share this medication with anyone. Find a place that you can lock to keep it away from children, teens, and young adults.

#### Dispose of this medication properly if you no longer have the need and have leftover tablets.

Extra tablets can be mixed in with composted materials in the trash or turned in to specific locations. See the link for more information: <http://rxdrugdropbox.org/> The medication may also be brought back to the office for disposal.

#### Potential serious long-term effects

**If you choose to continue with this drug or get additional prescriptions from other clinicians, you run the risk of addiction, increased pain, inability to perform sexually, serious health problems, and death.**

#### Agreement

**The risks of using this medicine have been sufficiently explained, and I understand what precautions I should take while taking it. I understand that I should do everything I can to prevent others from taking this medicine.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature/Designee Signature

\_\_\_\_\_  
Date

I have translated the information and advice presented orally to the individual giving consent by the person obtaining this consent. To the best of my knowledge and belief, he/she understands this explanation.

\_\_\_\_\_  
Family Member/Significant Other

\_\_\_\_\_  
Date



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

## **PATIENTS CONTROLLED SUBSTANCE AGREEMENT FOR TREATMENT OF NON-CANCER PAIN WITH OPIOIDS INFORMED CONSENT**

This agreement relates to my use of opioids for chronic pain prescribed by the doctors at Covenant Spine and Neurology, PLLC recognize these are policies regarding the use of controlled substances followed by the staff. Treatment of chronic pain with opioids is controversial. My physician is under no obligation to prescribe these medications for me. This decision is based on the professional judgment of my pain clinic doctor to improve my ability to participate in work and social activities. This decision I have made after fully discussing the risks and benefits of opioid medications as well as other treatment options.

### **RISKS**

I understand that these medications have potential risks, the most significant being:

1. Physical dependence.  
Abrupt stopping of the drug will lead to withdrawal syndrome characterized by abdominal cramping, diarrhea, "goose flesh", and anxiety.
2. Psychological dependence or addiction.  
It is possible that stopping the drug will cause me to miss or crave it.
3. Overdose of opioid.  
This can lead to respiratory arrest and death.
4. Mental Changes.  
This may result in confusion, changes in thinking abilities, and problems with coordination and balance. I will use caution and common sense before the operation of equipment or motor vehicles.
5. Contacting my pain physician.  
I must contact my pain physician before taking any other drugs. Medications like Valium, and Ativan, sedatives such as Soma, Xanax, Fiorinal, antihistamines like Benadryl, and alcohol may produce profound sedation, respiratory depression, blood pressure drop, and even death when taken with opioids.
6. Monthly office visits.  
During the time that my opioid dose is being adjusted, I will return to the clinic at least once per month or whenever instructed by my clinic physician. After I have been placed on a stable dose, I will return to the clinic for medical evaluation at least once a month.
7. Prescriptions **CANNOT** be mailed.  
Narcotics will only be refilled at scheduled office visits.
8. Responsibility for opioid prescriptions.
  - a) Refills can only be written for a one-month supply and will be filled at the same pharmacy. **REFILLS WILL BE MADE DURING REGULAR OFFICE HOURS**, Monday through Friday. Refill prescriptions will not be written at night, on holidays, or on weekends.
  - b) Refills will not be made if I "run out early" or "lose a prescription" or "spill or misplace my medication". I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining. If my medication is stolen, I will report this to my local police department and obtain a stolen item report. Replacement prescriptions will be given at the discretion of my physician.
  - c) Refills will not be made as an "emergency", such as on Friday afternoon. Because I suddenly realize I will "run out tomorrow." **NO** prescriptions will be filled on the same day as they are called in.

**I will call the clinic at least one week in advance to request a refill prescription. I am aware that if I give less than one week's notice, my prescriptions may not be ready on time.**



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

Changes in my prescriptions will only be made during scheduled office visits. This includes dose increases and changes in medication. **NO CHANGES** will be made over the phone or during unscheduled visits. Telephone calls regarding opioid medications should be limited to reports of significant side effects, which will result in decreasing or stopping the medication only. New medications will not be prescribed over the phone.

- I WILL accept generic brands of my prescription medications.
- I WILL NOT accept generic brands of my prescription medications.

If it appears to the physician that there are no demonstrable benefits to my daily function from these opioids, suspected addiction, rapid tolerance, loss of effect, or significant and detrimental side effects, I will gradually taper my medication as prescribed by the physician. If a drug addiction problem is suspected, I may be referred to another healthcare provider for the management of the addiction. I will not hold any member of Covenant Spine and Neurology, PLLC liable for problems caused by the discontinuance of controlled substances, if I receive 30 days' notice of termination.

I will come to my scheduled appointments prepared to submit urine samples to assess the effect of the opioids and my compliance with my treatment plan.

I understand that my chronic pain represents a complex problem that benefits from physical therapy, psychotherapy, and behavioral medicine strategies. I recognize that my active participation in the management of my pain is extremely important. I agree to actively participate in all aspects of the Pain Management Program to improve my level of functioning and my ability to cope with my pain. If recommended, I agree to see other health care providers for evaluation and treatment of related and other medical conditions.

**Any violation of this contract will result in a discontinuation of treatment with opioid medication, and possible discharge from the practice. I have read this document, understand it, and have had all questions answered satisfactorily. I agree to all conditions of this opioid contract. I have been provided with a copy of this contract for me to keep.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I certify that this contract has been explained including the risks and benefits and answered any questions for the above-signed individual.

\_\_\_\_\_  
Physician Signature/Designee Signature

\_\_\_\_\_  
Date

I have translated the information and advice presented orally to the individual giving consent by the person obtaining this consent. To the best of my knowledge and belief, he/she understands this explanation.

\_\_\_\_\_  
Family Member/Significant Other

\_\_\_\_\_  
Date



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

### **WHAT IS PAIN MANAGEMENT?**

Chronic pain affects all aspects of the patient's life, with the patient often experiencing depression, frustration, and anger because of changes that occur in his or her life. Chronic pain affects the patient's ability to work, and not working puts a significant strain on family finances. All these problems place stress on family relationships, especially when other family members are required to take responsibility for tasks that were previously handled by the patient. Many patients turn to drugs or alcohol in search of relief from pain, even though they do not help.

Because chronic pain is a complicated problem, several different treatments may be indicated, including medications, diagnostic and therapeutic injections, physical therapy, and/or psychological referrals. Your individual pain problem will be carefully evaluated to determine which treatment, or combination of treatments would be most effective in relieving your suffering. Several professionals such as physicians, physician assistants, nurses, and psychologists may work together to help you with all aspects of your chronic pain.

### **WHAT YOU CAN EXPECT**

1. Few, if any, pain management practices will report consistent results with all patients. Stay away from a center that claims miraculous results.
2. Seldom is chronic pain "cured." If, during your treatment, a complete cure does take place, so much the better. However, the most you should expect is some relief and the ability to better cope with your pain problem. The goal of pain management is, therefore, "rehabilitation"... not "cure."
3. The result of a pain management program is that you should be able to return to a productive life and no longer be dependent upon drugs.

**If after an injection or a procedure, you are experiencing symptoms that worry you such as fever, redness at the injection site, increased tenderness at the site, bruising, swelling, and inflammation and you feel you need to see a doctor, please first call the main office in Kernersville and talk to a nurse.**

**If you are experiencing complications that must be addressed immediately, such as loss of bowel or bladder function, paralysis, increased weakness, or seizure, please go to the nearest ER or call 911.**

### **RULES OF CONDUCT FOR ALL PATIENTS**

- ***Please provide a urine sample when requested by staff. If you have any questions or concerns, please speak to the provider.***
- ***We promote mutual respect between staff and patients. Please treat the staff as you would like to be treated.***
- ***Patients and Visitors may not wander in the office unattended due to HIPPA Regulations.***
- ***We request that all patients stay in their assigned rooms unless seeking staff attendance.***
- ***PLEASE BE ADVISED THAT THERE WILL BE A FEE OF \$25.00 FOR NOT CANCELLING OR NOT SHOWING UP FOR YOUR APPOINTMENT WITHOUT GIVING 24 HOURS' NOTICE***



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

### **NARCOTIC PRESCRIBING POLICY**

Thank you for choosing Covenant Spine and Neurology, PLLC for your healthcare needs. Our primary concern is that you receive the most appropriate treatment to restore and maintain your good health. **It is important that you read this NARCOTIC PRESCRIBING POLICY in its entirety.** To be treated by Covenant Spine and Neurology, PLLC you must understand and agree to the provisions set forth below by signing your pain contract. This document is being provided for your reference.

1. The prescribing of narcotics for chronic pain is a challenge under the best of circumstances due to issues of substance abuse, addiction, legal requirements, and the historical percentage of drug abusers intermingled with the chronic pain population and many other factors. The goal of our medical practice is to provide narcotics when deemed appropriate utilizing the guidelines of the Federation of State Medical Boards. To continue prescribing narcotics to patients, it is necessary to have tight controls and rigid rules established to eliminate those who procure narcotics for illegal purposes or substance abuse, to protect the privileges of our practice to prescribe, and to maintain the health and welfare of our patients and to obey the laws under which we operate, both federal and state.

Remember, the use of these potent pain relievers is a privilege allowed in our society to improve the lives of those who have the misfortune of chronic pain. As a patient, it is your responsibility to use your medication as directed. It is unlawful to sell or give your medication away. It is your responsibility to keep your medication secure and away from children or others who may misuse or divert it. It is all of our responsibility to protect this therapy for the benefit of patients with chronic pain.

2. Narcotics are but one avenue of pain therapy and **never** represent the sole method of pain control. Narcotics have the potential for addiction and substance abuse, are diverted by some for sale or improper routes of administration or are shared with others. Narcotics may produce dependence, tolerance, and addiction. Side effects of narcotics include sedation, respiratory depression, swelling in the feet, dental decay acceleration, hives, itching, slurred speech, impaired thinking and function to the point a person may be dangerous when driving or operating machinery when taking narcotics, decreased testosterone in men, decreased sex drive, ICU admission, coma, and death. For these reasons, we reserve the right to change to a non-narcotic therapy at any time it is medically indicated. We also reserve the right to insist on patient treatment for narcotic dependence. **There is no implied or expressed patient right to narcotic therapy in our physician's office.**

### **3. EXPECTATIONS OF APPROPRIATE PATIENT BEHAVIOR AND RESPONSIBILITY**

a) Our medical practice will be the only entity prescribing narcotics for chronic pain. If there is acute pain for a new condition for which the patient seeks care elsewhere (i.e. emergency room, urgent care, primary care), you must notify us immediately. In addition, we must have a copy of the medical report from the other prescribing physician. If it is discovered patients are receiving narcotics from multiple physicians, we will immediately discontinue medication prescribing and notify pharmacies and other treating physicians of the patient's misuse.

b) You must select one pharmacy to have your medication sent to. We will not send prescriptions to multiple pharmacies.

c) Refills for narcotics are only performed during scheduled office visits. We will ONLY provide a script for a single 30-day supply. We will not provide postdated scripts for future months. All narcotic scripts are sent electronically.



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

d) There are no early refills. The patient is expected to make the prescription quantity last until the next office visit. Dosing/quantity adjustments will ONLY be considered during an in-person office visit. We do not replace prescriptions that are lost, stolen, spilled, flushed, eaten by a cat/dog, etc. The responsibility for safekeeping of these medications' lays solely with the patient. Therefore, each patient is expected to keep a lock box or location for safekeeping for the main supply of the narcotic medication instead of carrying around the entire month's supply. Occasionally, though, we may make an allowance for travel, and may provide an early script, but quantity will be adjusted based on the number of days early you will be filling.

e) To ensure our patients are compliant with their treatment plan we have instituted a policy of urine drug testing in accordance with the most recent medical literature on the subject. All new patients who are taking opioids or will be prescribed opioids by our physicians will require a urine drug screen. Furthermore, patients for whom narcotics are prescribed will be screened several times yearly. We do, however, reserve the right to test a patient at any time. **ALWAYS come to your appointments as well as script pick-ups prepared to provide a urine sample.** When you are asked to produce a urine sample, you will be asked not to leave the office until the sample is received. Once again, failure to produce a sample at the time requested will potentially disqualify you from receiving further prescriptions for opioids. Scripts will not be given to you until a requested sample is provided. **If results are inconsistent with your treatment plan at any time, we reserve the right to discontinue opioid treatment.** It is your responsibility to take your medications as prescribed. Inconsistent results include the presence of illicit substances, the presence of medications not prescribed to you, or the absence of medications prescribed. Do not try to manipulate the test. Current urine drug testing methods are very sophisticated and measure the parent medication as well as metabolites. The laboratory will be able to differentiate between samples that are consistent with treatment plans and samples that have been tampered with.

f) We understand there is a cost associated with testing. Unfortunately, this is now a necessary part of opioid therapy and is being rapidly adopted by most practitioners who prescribe opioids. Our prices have been set according to market standards and current standard reimbursement rates. While most insurance plans cover much of the cost of testing, it is your responsibility to pay the costs not covered by insurance.

g) We understand that many of our patients are elderly and obtaining a sample can be inconvenient. Nevertheless, we cannot and do not discriminate based on age, sex, race, nationality, or sexual orientation and all patients will be subject to this policy. This policy is not intended to be punitive in any way. As stated before, this policy intends to protect the patient, the physician, the practice, and society. There will be no alcohol or illicit drug use while taking narcotic medications. Discovery of such via internal or external sources may result in the discontinuation of narcotics immediately.

h) On request, a pill count may be necessary, and the patient has 24 hours to bring in the narcotics to be counted by our staff. Bring the medication in its original bottle given by the pharmacy. It is the patient's responsibility to have a working phone number that is checked regularly for messages. Please note that missing the phone call or "not getting the message" is not a valid excuse for missing the pill count.

i) It is the policy of our practice that driving or operating machinery while taking narcotics may have untoward consequences, and if the patient elects to operate machinery or equipment, they do so at their own risk of injury or death.

j) Sudden cessation of narcotics causes injury to the patient only in very rare circumstances. However, sudden cessation of high-dose narcotics will result in severe abdominal cramping, severe anxiety, rapid heart rate, elevated blood pressure, nausea, etc. Therefore, it is prudent to use the narcotics as prescribed rather than running out early or violating our policies which will result in sudden cessation of narcotic prescribing.



PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

**4. REASONS NARCOTICS MAY BE IMMEDIATELY DISCONTINUED**

Reasons for which narcotics will be stopped immediately and without any withdrawal medications include, but are not limited to: evidence of prescription alteration or fraud or solid evidence presented to our clinic that the patient has been selling narcotics, sharing narcotics with others, injection of oral or transdermal narcotics, threats of legal action, consistently missing scheduled appointments, aggressive behavior toward physician or staff, or violence made against any of our staff to obtain narcotics, etc. Additionally, refusal to take a urine drug screen within 24 hours of the request, refusal to bring in medications for a pill count when requested, positive drug test for illicit drug use or narcotics not prescribed by our clinic, or a negative urine drug screen for narcotics we are prescribing will be met with discontinuation of narcotics. External source confirmation of "doctor shopping" or obtaining narcotics chronically from multiple physicians simultaneously will require sudden narcotic discontinuation. Impairment of the patient to such a degree that in the opinion of our medical practice, the patient poses a risk to themselves or to others may require narcotic discontinuation.

**5. REASONS NARCOTIC THERAPY MAY BE MODIFIED OR REDUCED**

Reasons for which narcotic therapy will be modified or discontinued with the possibility of a drug taper or non-narcotic withdrawal medication administration; lost or stolen scripts, overuse of medications, failure of escalation doses of narcotics to provide relief in the absence of any demonstrable worsening findings on clinical examination including X-rays/MRIs, excessively frequent calls to our clinic regarding chronic pain issues, lying regarding prior treatment and substance abuse, canceling appointments for procedures but showing up for office visits or failure to participate in the integrated therapies of our practice.

6. Chronic pain is just that: it is a long-standing problem that has been present for months or years. Patients must keep a long-term perspective on the treatment of this condition. Complete freedom from pain is an unrealistic expectation. Frequent calls to our clinic for non-urgent issues or frequent requests for narcotics changes outside of appointment times may make patients non-candidates for continued therapy in our center. Calls made for non-emergent issues or issues that should be handled during office hours will jeopardize continued treatment in our practice.

7. For questions regarding our narcotic policy, discuss with an office representative. We appreciate your trust in us and thank you for the opportunity to serve your healthcare needs. If you have any questions or concerns about our NARCOTIC PRESCRIBING POLICY, please speak with a member of our staff.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I certify that this contract has been explained including the risks and benefits and answered any questions for the above-signed individual.

\_\_\_\_\_  
Physician Signature/Designee Signature

\_\_\_\_\_  
Date

I have translated the information and advice presented orally to the individual giving consent by the person obtaining this consent. To the best of my knowledge and belief, he/she understands this explanation.

\_\_\_\_\_  
Family Member/Significant Other

\_\_\_\_\_  
Date





PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

**CONSENT TO USE AND DISCLOSURE OF INFORMATION FOR TREATMENT PAYMENT OR OPERATIONS**

- I hereby consent to the use and disclosure of information in my medical records for treatment, payment and health care operations purposes: I understand that this consent is voluntary. I understand that information in my medical records may be used and disclosed to persons other than Covenant Spine and Neurology, PLLC to carry out their responsibilities in connection to my medical health care treatment, in payment for health care services rendered to me and in activities related to health care operations.

Initials: \_\_\_\_\_

- I understand that additional information on Covenant Spine and Neurology, PLLC privacy practices related to my medical record is available from Covenant Spine and Neurology's, PLLC Notice of Privacy Practices, a copy of which has been made available to me, and which I have read or do not wish to read, before signing this consent.

Initials: \_\_\_\_\_

- I understand that changes in Covenant Spine and Neurology, PLLC privacy practices will result in modifications to the Notice of Privacy Practices and that up-to-date notices will be available at the reception desk of Covenant Spine and Neurology, PLLC.

Initials: \_\_\_\_\_

- I understand that I may request Covenant Spine and Neurology, PLLC to restrict how or to whom my medical records are used or disclosed, but that Covenant Spine and Neurology, PLLC may refuse the restrictions I request. However, if Covenant Spine and Neurology, PLLC agrees to the restrictions, it is bound to them when disclosing information in my medical records.

Initials: \_\_\_\_\_

- I understand that I can revoke this consent at any time, by notifying Covenant Spine & Neurology, PLLC in writing, but if I do, it won't have any effect on actions Covenant Spine and Neurology, PLLC took before they received the notification.

Initials: \_\_\_\_\_

- I understand that this consent applies to the use and disclosure of information for treatment, payment or operations purposes only and that Covenant Spine and Neurology, PLLC may decline to provide medical health care services to me if I do not sign it.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I certify that this contract has been explained including the risks and benefits and answered any questions for the above-signed individual.

\_\_\_\_\_  
Physician Signature/Designee Signature

\_\_\_\_\_  
Date

I have translated the information and advice presented orally to the individual giving consent by the person obtaining this consent. To the best of my knowledge and belief, he/she understands this explanation.

\_\_\_\_\_  
Family Member/Significant Other

\_\_\_\_\_  
Date