



## Agreement for Use of Opioid/Narcotic Medications

When other treatments for pain have not been effective, opioid (narcotic) medications may be considered. With proper monitoring, opioid medications can be safely used to better control your pain and improve your ability to do your daily activities. All medications have possible side effects.

### To Be Prescribed Opioid/Narcotic Medications, You Must Agree With the Following Statements:

1. **I will not allow** other individuals to take my medication.
2. **I will obtain all pain medication** prescriptions from physicians of The Taub Group.
3. I will inform the practice if I see another physician in an emergency for any other medical reason.
4. I will actively participate in additional pain therapies as requested by my physician.
5. I do not have a problem with substance abuse or dependence.
6. **I am not involved in the sale, illegal possession, diversion, or transport of controlled substances.**
7. I will designate **one pharmacy** where all my prescriptions will be filled.
8. I understand that **lost or stolen prescriptions or medications will not be replaced.**
9. I will agree to participate in a program for chemical dependency should a problem be identified.
10. If I am a female of child-bearing age, I will inform my physician if I become pregnant.
11. I agree to random pill counts and lab testing and will present my pills **within 24 hours upon request.**
12. Any medications that I cannot take will be returned to the practice of The Taub Group and wasted with a member of our clinical staff prior to any new prescriptions being given.
13. For **“No Show”** appointments medications will be refilled at the next available refill appointment.
14. I will keep all medications out of the reach of children.

### I Understand That Opiates May Be Discontinued or That I May Be Discharged If Any of the Following Occur:

1. My physician feels that opioids have not produced effective pain management or improved level of function.
2. I give away or sell the medications.
3. I allow my medications to be stolen.
4. I lose/misplace the prescriptions or medications.
5. I do not follow instructions and take more medications than is prescribed.
6. I obtain pain medications from sources other than The Taub Group.
7. I use other illegal substances or alcohol (narcotics, marijuana, cocaine, ect.)
8. I do not comply with random pill counts within 24 hours.
9. If I do not give a sufficient urine specimen when requested.
10. I do not keep appointments with a physician of The Taub Group or referral appointments.
11. If I commit prescription fraud.
12. If I destroy my medications without the consent of my physician.
13. If I abuse the after hours phone lines or verbally abuse the office staff.



**Refills of medications will be by APPOINTMENTS ONLY during regular office hours. Refills will not be made on nights, weekends, or holidays.**

I have read this document and understand it. All of my questions have been answered by the staff. I consent to the use of opioids/narcotics to help control my pain and I understand that my treatment with opioids will be carried out in accordance with the conditions stated above. I understand that if I do not follow the conditions of this contract, I can endanger my health as well as my life. I also understand that any infractions of the above conditions may result in my immediate discharge from The Taub Group's practice.

**Patient Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

I have received a copy of this contract \_\_\_\_\_ (initial)

**Potential Side Effects or Problems Associated With Opioid Medication:**

1. I may develop a physical dependency, and may develop a psychological dependency (addiction) to them.
2. I may become intolerant to the pain relieving effects at safe prescribed doses.
3. Constipation
4. Increased drowsiness or sleepiness
5. Confusion or difficulty thinking
6. Balance/coordination problems (making it difficult to operate motor vehicles or heavy equipment).
7. Respiratory depression (breathing slowly).
8. Decreased appetite.
9. Tolerance (you need more of the medication to get the same effect)
10. Physical dependence (abrupt stopping of the medications can trigger "withdrawl" syndrome)
11. Also, physical dependence in newborns of mothers taking opioids while pregnant.
12. Psychological dependence (stopping the medications could cause you to miss/crave it.)