



## Long-term Controlled Substance AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. This is not a legally enforceable contract.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain. Tolerance and Dependence will develop. This means more medicine will be needed to get the same effect and if the medicine is stopped suddenly, you will get sick. At some point, the medicine will stop working. Catastrophic consequences including DEATH can occur with use of these medications.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of Dr. Willens to consider the initial and/or continued prescription of controlled substances to treat your chronic pain. Please initial by each number to confirm that you have read, understand, and will abide by this agreement.

- \_\_\_1. All controlled substances must come from Dr. Willens, or, during his absence, by the covering physician, unless specific authorization is obtained for an exception. No other physician may prescribe a controlled substance.  
(Multiple sources can lead to untoward drug interactions including overdose and death.)
- \_\_\_2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. A MAXIMUM of 30 day prescription will be given without refills. Patients will need to be seen at a minimum of monthly for refills unless other arrangement are made.

Phone: \_\_\_\_\_

\_\_\_\_\_  
Name of Pharmacy

\_\_\_\_\_  
Address or Location

- \_\_\_3. You are expected to inform our office immediately of any new medications, additional treating physicians or medical conditions, and of any adverse effects you experience from any of the medications that you take.
- \_\_\_4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or any other professionals who provide your health care for purposes of maintaining accountability. The Florida Prescription Drug Monitoring Program is used to confirm compliance.
- \_\_\_5. You may not share, sell, or otherwise permit others to have access to these medications. In addition, you may not take any illicit or any other prescription controlled drugs.
- \_\_\_6. These drugs should not be stopped abruptly, as an abstinence syndrome (withdrawal) will likely develop and can be dangerous. Do Not Crush, Chew, Cut, Break, or use the medication in any unprescribed manner.
- \_\_\_7. Unannounced urine or serum toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder. If prescribed medications are not found in UDS, discharge may result since the patient is non-compliant with treatment.



- \_\_\_ 8. Prescriptions and bottles of these medications may be sought by individuals with addiction and chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them. If medications are stolen, they may not be replaced.
- \_\_\_ 9. **Original containers of medications must be brought in to each office visit for possible pill count and inspection. YOU MAY NOT TAKE MORE OR LESS OF YOUR MEDICINE THAN PRESCRIBED. You may not take any controlled medication that is not currently approved by this office. This includes even old prescriptions of which should have been disposed.**
- \_\_\_ 10. Since the drugs may be hazardous or lethal to a person or animal who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
- \_\_\_ 11. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
- \_\_\_ 12. Early refills will generally not be given. Prescriptions will be issued only on the same day as an office visit.
- \_\_\_ 13. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. It is your responsibility to make certain you do not run out of medication. Please PLAN AHEAD.
- \_\_\_ 14. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration and your patient chart. This may be used in prosecution against you.
- \_\_\_ 15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician and/or referral for further specialty assessment. In addition, you may be discharged from the practice without a prescription for controlled substances.
- \_\_\_ 16. Renewals are contingent on keeping scheduled appointments. **Please do not phone for prescriptions after hours or on weekends or become disruptive with the staff. This is grounds for discharge.**
- \_\_\_ 17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
- \_\_\_ 18. The risks and potential benefits of these therapies are explained elsewhere and you acknowledge that you have received such explanation.
- \_\_\_ 19. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

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

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Date