



Prescription Drug Policy Agreement

- 1. WE WILL NOT FILL OR REFILL MEDICATIONS THAT ARE LOST, STOLEN OR DAMAGED IN ANY WAY.** All medications are controlled substances and it is your responsibility to take care of your medication. **We only refill medications during office hours.** Medication needs will be addressed at follow up appointments. Cancellation of appointments can interrupt continuation of medications.
- 2. ALTERING PRESCRIPTIONS IS A FELONY.** If you alter or forge any prescription you may be prosecuted. Use of **illegal drugs** may result in **immediate dismissal** from this clinic. We will not treat any patient engaged or implicated in such criminal activities.
- 3.** Some forms of chronic pain can be treated with opioid pain medicines when appropriately indicated. It is your responsibility to EXERCISE SELF-CONTROL when taking these types of medications. You should take them only as directed. If you feel that your medication is not helping or feel that you need something stronger or different, you must call and make an appointment to talk with the nurse or doctor concerning your medication. **Self-prescribing medications will not be tolerated and reasonable attempts to adjust medications will be made at follow-up appointments. Please do not ask for early refills for any reason.**
- 4.** We will make efforts to assure that you have an appropriate supply of pain medications to treat your pain. **WE MUST BE THE ONLY PHYSICIANS PRESCRIBING PAIN MEDICATIONS FOR YOU.** We will not treat or prescribe medications for patients who seek or receive pain medications from other doctors. If another physician or practitioner plans to provide you with a medication to treat your pain, have them **CONTACT US** to discuss and authorize the treatment. This includes your family doctor, emergency rooms, surgeons and dentists. The clinic must be notified of any medications for the treatment of the above reasons by the next business day. **Frequent emergency visits may result in discontinuation of treatment.**
- 5.** Do not take any medications other than those prescribed for you by your doctors. Do not give your medication to others or “borrow” medications from others. Let **ALL** of your treating **doctors** know **ALL** of the **medications** you are taking and why.
- 6.** Urine drug screening may be performed randomly to determine compliance with the medication treatment. **Any illicit (street) drug use, or inconsistencies with what you are prescribed may result in immediate termination.**
- 7.** If you fail to keep your follow-up appointment and run out of your medication, **we will only call in enough medication to get you through to your make-up appointment. If you fail to keep a make-up appointment after your medications have been called in for you, we will not call in any additional pain medications.** You must see the doctor for an evaluation.
- 8.** Periodic urine/blood tests may be required to monitor compliance with the prescribed treatment. You may be contacted by the clinic and asked to return for a repeat test. **Any refusal to comply with this monitoring may result in immediate termination of pain medications or release from treatment.** These lab tests are NOT intended for legal purposes; rather, they help aid in treatment and compliance. The results of these tests are generally held as confidential as are the rest of your medical records. **HOWEVER,** we will cooperate fully and disclose this information to city, county, state, and federal law enforcement agencies in the event of an investigation.

I HAVE READ, UNDERSTAND, AGREE, and WILL COMPLY WITH THIS POLICY. I UNDERSTAND FAILURE TO COMPLY WITH ANY PORTION OF THIS POLICY MAY RESULT IN IMMEDIATE DISCHARGE FROM TREATMENT FROM SOUTHSIDE PAIN SPECIALISTS.

Printed Name: _____

Date: _____

Signature: _____