



## **Hugh Chatham Physician Practices** **Controlled Substance Agreement**

The purpose of this agreement is to protect you as the patient and to inform you regarding our ability to prescribe controlled substances for you either now or in the future.

In accordance with recommendations from the CDC and the NC Medical Board, Hugh Chatham physician practices have strict policies surrounding the prescribing of narcotics for pain management. Therefore we do not prescribe controlled medications such as Morphine, Fentanyl, Oxycodone, Oxycontin, Dilaudid or Demerol on a routine basis. In rare instances a short course of a controlled substance may be used in addition to other modalities for acute pain management. Patients requiring stronger medications or chronic pain medication should expect to be referred to a pain clinic for further treatment. Patients dismissed from a pain clinic for any reason will not receive pain medication prescriptions from any Hugh Chatham affiliated office.

Due to the high risk of addiction and abuse, the prescribing of medications such as Benzodiazepines, Klonopin, Ativan, and Valium will be limited. Such medications may require management by a behavioral health specialist.

**Because many medications have potential for abuse or diversion, strict accountability is necessary when they are prescribed. I therefore agree to the following:**

- 1. If I require long-term narcotic use I may be referred to a pain management specialist. (The CDC guidelines recommend less than 3 days as sufficient for most acute pain and rarely will more than 5-7 days of pain medication be prescribed).**
- 2. I will not get prescription pain medication from more than one provider.**
- 3. All controlled substance refills must come from the care provider initially prescribing the medication or the covering physician in the absence of my provider. Early refills will not be given. If I feel a refill is needed, an appointment with my provider must be scheduled.**
- 4. I may not share, sell, or otherwise permit others to have access to these medications.**
- 5. Unannounced urine or serum toxicology screens may be requested and my cooperation is required. Refusal to cooperate, presence of unauthorized substances and/or lack of expected substances may result in termination of care.**
- 6. A pain medication prescription is not a substitute for physical therapy, heat /cold therapy, positions of comfort, or other pain management recommendations made by my provider.**
- 7. I understand that my provider will review the NC Controlled Substance Reporting System to verify my prescription history.**

**I understand that failure to adhere to this agreement may result in discontinuation of pain management therapy, controlled substance prescribing and/or termination of care management with my provider.**

**I understand that taking narcotics for pain can cause physical dependence, addiction and serious side effects and, under certain circumstances, may even lead to death.**

**I affirm that I have full right and power to sign and be bound by this agreement, and that I have read, understand, and accept all terms.**

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_