

## Patient/Provider Opioid Agreement

The purpose of this agreement is to give you information about the medications you will be taking for pain management. It is also to assure that you and your health care provider comply with state and federal regulations concerning the prescribing and use of controlled substances.

Opioids (narcotic analgesics) are a class of medications that are prescribed to help with pain. They can be very helpful in the management of acute episodes of pain and acute postoperative pain. It is important to understand some of the side effects of these medications. Opioids may cause drowsiness that can be worsened by the use of alcohol, benzodiazepines, and other sedating medications. If you are unsure about mixing any medication with an opioid, please ask your health care provider or pharmacist. You must avoid any activity that may be dangerous to you or someone else if you feel drowsy or are not thinking clearly.

The long-term use of opioids for pain management is controversial because of uncertainty regarding the extent to which they provide long term benefit. It is the practice and policy of The Boston Spine Group not to prescribe long term maintenance opioids to our patients. Any prescription for opioids will strictly be for an acute episode (i.e. spine surgery, acute strain or injury), of short duration not to exceed three (3) months, and all patients will be tapered off the medication with a weaning schedule **at the provider's discretion**. If the patient is unable to follow the agreed upon schedule or requires more than three (3) months of prescription medications, he or she may be referred back to the primary care physician or pain management specialist for continued pain management.

Patients entering the practice while currently on a maintenance course of prescribed opioids for chronic pain will need to obtain their maintenance prescription medications from the original prescriber.

Physical dependence will develop with regular use. This does not indicate addiction, but means that a physical withdrawal syndrome will develop if you stop your medication abruptly. Tolerance may develop to the pain relieving effects of opioids, meaning that pain relief may decrease over time. In chronic pain states, this usually occurs slowly, if at all.

Some pain conditions, including post-operative pain, may not improve with opioids. A frequent need to increase doses may indicate that opioids are not effective for a particular pain problem. It could also indicate an underlying problem with addiction or psychological dependence. Discontinuation of opioid medications may occur if pain relief is not adequate in spite of escalating doses, persistent side effects, if goals of opioid therapy are not being met, or there is inability to comply with the treatment agreement.

Opioid medications have potential for abuse or diversion and strict accountability is necessary. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician/ physician assistant (PA) whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All prescriptions must come from the physician/PA whose signature appears below or, during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All prescriptions **must be obtained at the same pharmacy**, whenever possible. Should the need arise to change pharmacies, you should try to stay within the same pharmacy chain and you **MUST** inform our office. The pharmacy that you have selected is:

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

3. You are expected to inform our office of any new medications 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 other professionals who provide your health care for purposes of maintaining accountability.
5. Stopping opioids abruptly can cause flu-like withdrawal symptoms such as nausea, vomiting, diarrhea, and sweating. While not dangerous, this can be very uncomfortable. It is best to wean from opioids as instructed by your health care provider.
6. You **CANNOT** share, sell, or otherwise permit others to have access to these medications.
7. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people. It is expected that you will take the highest possible degree of care with your medication and prescription. It is best to lock up your medication in a safe or lock box. You should not leave your medications where others might see or have access to them.
8. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, have been stolen, etc. It is your responsibility to keep your medications safe.
9. Early refills will generally not be given. Prescription refills may be issued early if the physician/PA or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
10. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends as covering providers will not prescribe refills for opioids.
11. It should be understood that any medical treatment is initially a trial, and that continued opioid prescription is contingent on evidence of benefit. The risks and potential benefits of these therapies are explained in the informational piece of this agreement.

12. It is understood that failure to adhere to these policies may result in cessation of therapy with opioid prescribing by this physician/PA or referral for further specialty assessment.
13. 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.

\_\_\_\_\_  
Provider Signature

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

\_\_\_\_\_  
Provider Name (Printed)

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

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

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