

## Pain Management – Standard Long-Term Opioid Agreement

Agreement between Charleston Pain and Rehabilitation and \_\_\_\_\_.

Opioids (also called narcotics) are medicines used to treat pain and are controlled by special federal and state laws to prevent drug abuse and diversion. This agreement between Dr. Jeffrey Buncher and you, the patient \_\_\_\_\_, is drawn up to prevent any misunderstandings about prescribing Opioids for the treatment of your pain. This agreement is to protect your access to these medications and to protect our ability to prescribe them for you. This will insure both you and Dr. Jeffrey Buncher comply with the law.

The providers at Dr. Jeffrey Buncher's office consider you an appropriate candidate for a trial of opioid medication because it should improve your function, result in decreased pain and improve your quality of life. It should be understood that any medical treatment is initially a trial and that continued treatment is based on the benefit obtained. You need to be aware there are limitations to using opioids. As with any medication, there is a risk associated with their use, including, but not limited to;

- Difficulty urinating
- Decrease mental ability
- Swelling
- Constipation
- Slowed breathing
- Decreased sex drive
- Sleepiness
- Nausea and vomiting
- Itching
- Dizziness
- Allergic reactions
- Memory loss
- Depression
- Immune suppression
- Poor pain relief
- Slowed reaction time

**MALES ONLY:** Chronic opioid use has been associated with low testosterone levels and other hormone levels. This may affect your mood, stamina, sexual desire and physical and sexual performance. We may order a blood test to check your hormone levels.

**FEMALES ONLY:** If you plan to become pregnant or believe that you have become pregnant while taking opioids, your OB doctor and this office must be notified. If you continue to take the opioids the baby will be physically dependent on them at birth. Do not abruptly stop the opioid medication without talking to your doctor. Your hormones levels may be affected by taking opioids. We may order a blood test to check your hormone levels.

**Physical dependence:** This is not the same as addiction. You will develop physical dependence when taking opioids daily. Therefore, you must not stop taking this medication abruptly or you will experience withdrawal symptoms such as nausea and vomiting, sweating, shaking, goose bumps, abdominal pain and cramping, diarrhea, irritability and general muscle aches. Should we decide to stop your medication, we will gradually decrease your dose and taper you off. Be aware that certain other medications such as Nubain, buprenex and stadol may reverse the action of the opioid medication and cause withdraw to begin. Always tell any doctor treating you what medication(s) you are taking.

**Addiction:** This is a psychological dependence on a medication or substance. It is defined as a use of a substance even if it causes harm. Examples are cravings, increasing your dose on your own, decreased quality of life, and doing things that are illegal or harmful to others to obtain the medication.

Agreement between Dr. Buncher and \_\_\_\_\_

Because these medications have potential for abuse and diversion, strict accountability is necessary. Dr. Buncher will prescribe opioid medications for you only if you agree to abide by the following rules and practice policies:

1. You agree to continue or start all other recommended forms of treatment for your pain such as physical therapy, psychological counseling and various injection procedures.
2. You agree to give us permission to obtain records from any past or present physician or pharmacy that has been treating you. This includes a record of any and all prescriptions filled or written.
3. You agree to notify our office of any new medications you are given or any new medical diagnoses given to you by other healthcare providers.
4. You agree not to drive a vehicle when your dose of opioid medication is first started or the dose is increased. During this time your reflexes and reaction times are slowed. It is illegal to operate a motor vehicle when your ability to drive safely is impaired by any medication.
5. You agree to notify this office within 72 hours if another doctor prescribes opioid medication to you for a new, acute painful problem or condition. Frequent ER visits for pain medications may result in discontinuation of your opioid therapy. It is illegal to obtain opioids from another physician for the same pain for which you are seeing us.
6. You agree to attend scheduled appointments as directed by our office. Failure to do so could result in us no longer prescribing you opioid medication.
7. You agree to keep your medication in a locked place away from family members and children. Never share, sell or trade your medication with anyone for any reason.
8. You agree to bring all unused medication in its original container with you for every appointment. If all medication is gone, you must bring the empty container. We reserve the right to have you return between visits for a pill count and a urine drug screen. Once notified, you will have 48 hours to report to the office. Failure to appear could lead to termination of this agreement.
9. You agree to not dispose of unused medications yourself. You must bring in any medication that is no longer used and we will dispose of it properly.
10. It is our policy not to call in or write prescriptions after normal business hours. This includes weekends and holidays. Frequent phone calls after hours or on weekends to request

“emergency” refills suggest inappropriate opioid usage and could result in the discontinuation of your opioid therapy.

11. Prescriptions will not be written early. We do not accept walk-in prescription refill requests. We do not replace lost or stolen medication. It is your responsibility to keep your prescriptions in a safe and secure place.
12. You agree to never forge or alter a prescription. If you are found doing so, we will report you to the proper authorities.
13. You agree to avoid the use of alcohol in combination with opioids.
14. You agree to see a specialist if we think you may be developing an addiction problem.
15. You agree to never use illegal drugs such as cocaine, marijuana or methamphetamines.
16. You agree to obtain all opioid medications from one pharmacy. Please list the name, address and telephone numbers of the pharmacy you will be exclusively using.

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17. You agree that neither you nor a family member will engage in the use of profanity or aggressive/argumentative behavior with any of the staff at Dr. Buncher’s office. This will not be tolerated and will result in discharge from the practice.

Any violation of this agreement is grounds for the discontinuation of opioid medication and possible discharge from our practice. If this occurs, your primary care physician will be notified.

The purpose of this agreement is to prevent misunderstandings about certain medications you will be taking for pain management. This is to help both you and your doctor to comply with the law regarding controlled pharmaceuticals.

I understand that if I break this agreement, my doctor will stop prescribing these pain control medications.

I will not attempt to obtain any controlled medicines, including opioid pain medicines, controlled stimulants, or any anxiety medicines from any doctor. Doing so may result in discontinuation.

I will discontinue all previously used pain medications, unless told to continue them.

I agree that refills of my prescriptions for the pain medicine will be made only at the time of an office visit or during regular office hours. No refills will be available during evening or weekends.

I agree that I will use my medication at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time, and could cause my death. Doing so may result in discontinuation.

I understand and agree with the above statements. I have had of my questions about treatment with opioid therapy answered to my satisfaction. By voluntarily signing this form, I give my consent for the treatment of my pain with opioid medications. A copy of this agreement has been given to me.

Patient's Name: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Office use only: Scanned into ECW on \_\_/\_\_/\_\_ Initials \_\_\_\_