

Patient-Provider Agreement for Ongoing Use of Controlled Medication

BIRTHDATE

NAME

The use of the following medicine(s) _____
(list medicine names)

Is only one part of my treatment for _____.

Primary Prescribing Doctor: _____

What should I know about this medication?

This controlled medication may help me.

Opioid pain medications often have side effects, which may include but are not limited to:

- Itching
- Rash
- Severe constipation
- Trouble urinating or passing stool
- Depression getting worse
- Problems thinking clearly

Anxiety & Sleep medicine(s) can cause:

- Dizziness
- Memory problems

Combining drugs can cause:

- Overdose
- Trouble breathing
- Death

Stimulant medicines (such as for ADHD) can cause:

- High blood pressure
- Fast or irregular heart beats

I could become addicted to this medicine.

If I must stop this medicine for any reason, I need to stop it slowly. Stopping it slowly will help me avoid feeling sick from withdrawal symptoms. If I decide to stop my medication, I will contact my doctor.

If I or anyone in my family has ever had drug or alcohol problems, I have a higher chance of getting addicted to this medicine.

If I take this medicine and drink alcohol or use illegal drugs I:

- May not be able to think clearly
- Could risk hurting myself (such as a car crash)
- Could become ill or even die

My doctor can only prescribe this medicine if I do not use illegal drugs.

If I do not use this medication exactly as prescribed, I risk hurting myself and others.

I will not increase my medicine dose without being told to do so by my doctor.

This medicine will not be refilled early.

I am in charge of my medicine.

- I know my medicine will not be replaced if it is stolen or lost.
- I will not share or give this medicine to other people.

What can I do to help?

Bring my pill bottles with any pills that are left to each clinic visit.

When asked, I will give a urine and/or blood sample to help monitor my treatment. I understand that clinic policy requires regular testing.

Go to appointments and tests set up by my doctor. These may include physical therapy, x-rays, labs, mental health, etc. If I miss my appointments, it may not be safe for me to stay on this medicine. If I miss appointments, my doctor may want an office visit before giving refills.

Be on time for appointments. If I arrive late to an appointment for prescription refills, my appointment may be re-scheduled. I may not be given my prescription until I am seen by my doctor.

Give my doctor permission to talk to my pharmacy. My doctor will check my prescription fill history by State Pharmacy registries and may call my pharmacy.

If my doctor decides that the risks outweigh the benefits of this medicine, my medicine will be stopped in a safe manner.

How can I get my prescriptions?

I can only get this prescription from my primary prescribing doctor's office.

I will not get controlled medications from other providers (including the Emergency Department), without checking with my primary prescribing doctor.

Controlled-substance prescriptions are monitored. These prescriptions often need a paper-prescription signed by my doctor that cannot be mailed, faxed, or called to pharmacy. This type of prescription takes 24 hours before it will be ready for pick-up from clinic.

I will only use one pharmacy to fill these prescriptions.

Refills will be given only during normal office hours. Clinic policy prevents on-call doctors from giving controlled-substance prescriptions. No refills will be given when the office is closed.

I know that unless my doctor tells me otherwise, I need a scheduled appointment to get prescription refills.

If my doctor decides it is safe for me to get a refill without an appointment, only I or someone I choose can pick up a prescription from the clinic. This person may be asked to show ID.

What are reasons for ending the agreement?

I may not be able to obtain controlled prescriptions from the University of Michigan Health System if I take more medication than is prescribed, if I fail to give requested urine or blood for testing, if those tests fail to contain the proper amounts of my prescribed medication, if non-prescribed medications (from friends, other prescribers, the ED, street purchases) are present, or if illegal drugs, including marijuana, are present.

I may not be able to be seen in this or any University of Michigan clinic if I am disruptive or threatening towards staff.

I understand that under State of Michigan law, the non-medical use of controlled substances (lying to get medications, giving or selling these medicines to others) is a crime and will result in termination of controlled medication treatment by UMHS.

ATTESTATION:

Today, this treatment agreement has been reviewed with the patient and the implications explained. All questions were answered. After electronically signing, this agreement will be posted automatically to the medical record and a copy of this agreement will be printed and given to the patient for his/her own records.

Date _____