

## Narcotic Medication Contract for Neurosurgical Post-operative Pain Management

Narcotic pain medications may be prescribed after surgery to help manage pain. This contract is to ensure that narcotic medications are taken as prescribed. Problems with narcotic pain medications can include tolerance, dependence, addiction, and side effects. Narcotic medications will be prescribed after surgery with the following agreement between the patient and neurosurgical team:

1. Narcotic prescriptions will only be ordered by the neurosurgical team during the postoperative period.
2. All narcotic medications must be obtained at the same pharmacy. Should the pharmacy change our office must be notified. The name of the pharmacy you have designated is: \_\_\_\_\_, the pharmacy phone number is \_\_\_\_\_.
3. I agree to inform Neurosurgery of new medical conditions or side effects.
4. I agree to sign the University of Michigan Health System authorization to release protected health information (PHI) regarding narcotic usage to dispensing pharmacies, other health care providers, the Bureau of Health Services, and other regulatory agencies. These federal and state agencies have legal responsibilities to prevent unsafe use of narcotics. If these agencies contact our office with questions concerning your treatment confidentiality is waived and these agencies are given access to your medical record.
5. If medications are lost, spilled, shared, stolen, overused, etc. they will not be replaced.
6. Narcotic medication refills will not be provided after hours or on weekends.
7. Evidence of altering prescriptions, multiple physicians prescribing, or the use of street drugs will result in discontinuation of prescribing medications.
8. I agree to be compliant with all requests for diagnostic tests, office visits, physical therapy, counseling, and other medications. Failure to follow the plan of care may result in discontinuing narcotic medication.
9. I agree to report signs of dependence to narcotics, such as; taking increased amounts or taking more often than ordered.
10. I agree to take medication as prescribed and will not exceed the amount unless changed by the neurosurgery team.
11. I will be under the care of a primary care provider: (general/family practitioner or internal medicine doctor). If I do not have a primary care provider I will be seen and under the care of a primary care provider prior to surgery.
12. If I plan to become or believe I am pregnant, while taking narcotic medication, I will inform my obstetric doctor's office immediately.

I understand the above and agree to adhere to this contract.

Signature

Witness

Date

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