

MORGAN FAMILY MEDICINE

PATIENT-PROVIDER AGREEMENT AND INFORMED CONSENT ACUTE PAIN

1. Your treating physician has prescribed you opioid pain medication as part of your treatment plan to manage your acute pain. Your treatment plan also includes the following alternatives:

2. The pain you are experiencing may be improved, but not eliminated, with the use of these opioid medications. Opioids are a type of powerful pain medication often called narcotics. They can be very useful in managing pain, but have a high potential for dependency and addiction.
3. Once opioid pain medications are prescribed, you will be required to have regular office visits to assess your pain status and monitor your compliance with this agreement. Your medications will not be phoned in should you be unable to keep these appointments.
4. Pain medications are strictly for your own use. The medication should not be given or sold to others because it may endanger that person's health and it is against the law.
5. This office fills pain medications as part of a comprehensive treatment plan that may include non-opioid medication, physical therapy, and other modalities. They are not filled indefinitely. After a period of time, your doctor will taper your medications for discontinuation. If discontinuation is not possible you will be referred for long-term pain management.
6. Your treating physician is to be the only physician who prescribes opioid pain medications to you.
7. It is your responsibility to notify us of any other physician who is prescribing opioid pain medications to you. It is also your responsibility to inform other physicians that we are prescribing and managing your opioid pain medications.
8. Individuals must be aware that "doctor shopping" is viewed as narcotic drug seeking behavior and is not tolerated. Should this type of behavior occur, your opioid pain medications will not be refilled, and you will be dismissed as a patient.
9. Excessive calls requesting pain medications, or an increase in the dose or frequency of your pain medications is viewed as drug seeking behavior and is not tolerated. You will be asked to make an appointment to see the doctor before any changes are made.
10. Pain medication refill request are taken at appointments only. **PRESCRIPTION REFILLS ARE NOT TAKEN OR CALLED IN ON SATURDAY, SUNDAY, HOLIDAYS OR AFTER HOURS FOR ANY REASON.**
11. Opioid medications carry a high potential for abuse and addiction. Therefore, federal and state law carefully regulates dispensed or written prescriptions for opioid medications. Forging or altering an opioid prescription, or distribution medications to others for their use or for money, is a crime. Such behavior is not tolerated. You will be dismissed as a patient and reported to appropriate authorities.
12. Lost, stolen or misplaced prescription medications ARE NEVER REPLACED – NO EXCEPTIONS. Your medications and prescriptions are your responsibility. You should store opioid medications in a secure location to prevent others from taking them and safely dispose of them when you are no longer using them.
13. There are several risks of opioid medications that your treating physician has discussed with you. Some of those risks include sleepiness or drowsiness, impaired mental or motor ability, slowing of breathing rate, skin rash, constipation, sexual dysfunction, sleep abnormalities, sweating,

swelling, physical or psychological dependence, tolerance to analgesia (meaning you require more medicine to get the same pain relief), and addiction. Opioid medications are highly addictive even when taken as prescribed. Overdose of opioid pain medication can lead to breathing difficulty and even death. Taking more opioid medication than prescribed or mixing opioid medication with alcohol, sedatives, benzodiazepines, and other central nervous system depressants is highly dangerous and can be fatal. It is your responsibility to inform your treating physician about all other medicines you are taking.

14. You should not drive an automobile or operate any machinery when taking opioid medications.
15. Your treating physician has discussed with you alternative pain management approaches that may be available to manage your pain instead of taking opioid pain medications and the risks and benefits of the alternatives.
16. If you break any of the rules described in this agreement, or your physician decides that the medicine is hurting you more than helping you, this medicine will be stopped by your physician in a safe way and no refills will be made. Further, your physician may dismiss you as a patient of the practice and ask you to select another physician. Any violation of this agreement or counseling received regarding violations will remain a part of your permanent medical record. This agreement will remain enforced during the entire course of your treatment plan.

INFORMED CONSENT

I, _____, have been informed and clearly understand the above listed issues regarding the treatment of pain with opioid pain medications. I have talked about this agreement with my doctor and I understand the above rules. I understand that this agreement will be filed in my chart as part of my permanent medical record.

Signature of Patient: _____

Date: _____

Signature of Physician: _____

If the patient is a minor, the patient's parent or guardian must consent by signing below.

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____