

PLATTSMOUTH HOMETOWN HEALTH, LLC

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Controlled Substance Agreement

All patients for whom we prescribe any controlled substances (narcotics, sedatives, certain hormones, etc) are subject to in-office random drug testing.

Why do drug testing at all?

We test because we need to know if our patients are taking what they are supposed to be taking. We also need to know if they are taking things that they should not be taking, such as controlled substances not prescribed in our clinic, illegal drugs, or alcohol. We also need to know that our patients are compliant with what we prescribe.

What happens if I refuse the testing?

Patients who refuse drug testing will no longer be able to receive controlled substances in our clinic. We will still be able to offer other pain management modalities including physical therapy, chiropractic, and psychological referral.

What happens if there are illegal drugs or drugs not prescribed by this office in my urine?

Because there can be significant, sometimes severe and even fatal interactions between illegal drugs and those which we prescribe, we will not be able to continue prescribing controlled substances for you and will refer you for drug and alcohol counselling. If you do not attend, this will be construed to be noncompliance and grounds for dismissal from the practice.

What if I can't leave a urine?

If you cannot leave a urine sample at the requested time, we will draw your blood and send the specimen to the lab for testing. These results may take up to a week to be returned to us. In that time, no further medications will be prescribed unless in a dire emergency, and then only a week's worth will be prescribed.

I understand that compliance with the following guidelines is important in continuing pain treatment with the prescribers at Plattsmouth Hometown Health, LLC.

1. I understand that I have the following responsibilities:
 - 1.1. I will take medications only at the dose and frequency prescribed.
 - 1.2. I will not increase or change medications without the approval of my prescriber.
 - 1.3. I will actively participate in return to work efforts and in any program designed to improve function (including social, physical, psychological, and daily or work activities).
 - 1.4. I will not request opioid or other pain medicine from prescribers other than from this prescriber. This provider will approve or prescribe all other mind and mood altering drugs unless otherwise noted in this agreement.
 - 1.5. I will inform this provider of all other medications that I am taking.
 - 1.6. I will obtain all medications from one pharmacy, when possible, known to this provider with full consent to talk with the pharmacist given by signing this agreement.
 - 1.7. I will protect my prescriptions and medications. I will keep all medications from children.
 - 1.8. I agree to participate in psychiatric or psychological assessments, if necessary.
2. I will not use illegal or street drugs. This provider may ask me to follow through with a program to address any addiction issues. Such programs may include the following; 12-step program, securing a sponsor, individual counselling, inpatient or outpatient treatment.
3. I understand that in the event of an emergency, this provider should be contacted and the problem will be discussed with the emergency room or other treating provider. I am responsible for signing a consent to request transfer to this provider. No more than 3 days of medications may be prescribed by the emergency room or other prescriber without this provider's approval.
4. I understand that I will consent to random drug screening. A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.
5. I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.
6. I understand that to receive my written prescription for certain medications, I must have a face to face visit with the prescriber.
7. I understand that this provider may stop prescribing opioids or change the treatment plan if:
 - 7.1. I do not show any improvement in pain from opioids or my physical activity has not improved.

- 7.2. My behavior is inconsistent with the responsibilities outlined in this agreement.
- 7.3. I give, sell, or misuse the opioid medications.
- 7.4. I develop rapid tolerance or loss of improvement from the treatment.
- 7.5. I obtain opioids from another provider.
- 7.6. I refuse to cooperate when asked to get a drug screen or cannot provide one at random.
- 7.7. If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
- 7.8. If I am unable to keep follow-up appointments or keep my bill paid in full.
8. I understand the safety risks associated with being under the influence of opioids and other potentially controlled substances:
 - 8.1. Decreased reaction time, clouded judgement, drowsiness and tolerance.
 - 8.2. A possible risk of danger associated with the use of opioids while operating heavy equipment or driving.
 - 8.3. Side effects include but are not limited to;
 - Confusion or other change in thinking abilities.
 - Nausea.
 - Constipation.
 - Problems with coordination or balance that may make it unsafe to operate equipment or motor vehicles.
 - Sleepiness or drowsiness.
 - Aggravation or depression.
 - Breathing too slowly, overdose can stop your breathing and lead to death.
 - Vomiting.
 - Dry mouth.THESE EFFECTS MAY BE MADE WORSE IF YOU MIX OPIOIDS WITH OTHER DRUGS, INCLUDING ALCOHOL.

9. Risks

9.1. Physical dependence. This means that abrupt stopping of the drug may lead to withdrawal symptoms characterized by one or more of the following;

- Runny nose
- Diarrhea
- Sweating
- Rapid heart rate
- Difficulty sleeping for several days
- Abdominal cramping
- "goose bumps"
- Nervousness

9.2. Psychological dependence - this means that it is possible that stopping the drug will cause you to miss or crave it.

9.3. Tolerance - this means you may need more and more drugs to get the same effect.

9.4. Addiction - A small amount of patients may develop addiction problems based on genetic or other factors.

9.5. Problems with pregnancy - if you are pregnant or contemplating pregnancy, discuss with your provider.

10. Recommendations to manage your medications;

10.1. Keep a diary of the pain medications you are taking, the medication dose, time of the day your are taking them, their effectiveness and any side effects you may be having.

10.2. Create a chart or use a calendar to keep track of the times you took your medicine.

10.3. Take with you only the amount of medication you will need when leaving home so that there is less risk of losing all of your medications at the same time.

10.4. Consider locking your medications up, especially if you have children. I have read this entire 3 page document. I understand and have had all of my questions answered satisfactorily. I consent to the use of controlled substances to help my medical condition.

I have read this entire 2 page document. I understand and have had all of my questions answered satisfactorily. I consent to the use of controlled substances to help my medical condition.

Patient Signature: _____ Date: _____