



Pain Medicine Agreement

The purpose of this agreement is to protect your access to controlled substances or other pain medications and to protect our ability to prescribe for you.

The long term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as medications used to treat your pain.

1. All pain medications must come from A Quadra Health Institute unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All controlled substances must be obtained at the same pharmacy. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is

Pharmacy and location

Phone

3. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
4. The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
5. **You may not share, sell, or otherwise permit others to have access to these medications.**
6. These drugs should not be stopped abruptly, as withdrawal symptoms may occur.
7. Unannounced urine or serum toxicology screens may be requested, and continued access to prescriptions from **Quadra Health Institute** is contingent upon your cooperation. Presence of unauthorized substances may prompt referral for assessment for addictive disorder and change in your treatment plan.
8. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. These medications should not be left where others might see or otherwise have access to them. These medications should be treated like cash; if you lose your cash no one replaces it.
9. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
10. **Medications will not be replaced** if they are lost, stolen, confiscated, get wet, destroyed, left on an airplane, etc.
11. **Early Refills will not be given**
12. **If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may given full access to our records of controlled substances administration.**
13. **Prescription refills will only occur during a scheduled appointment.** We will not refill medication except during a dedicated medication refill/ follow-up appointment. **We will not refill or alter your medications over the phone and will not accept walk-in requests. If you wish to refill or adjust your medications you must attend your scheduled appointment that is dedicated for this specific purpose.** If you miss or cancel your appointment without providing sufficient notice you will be re-scheduled for the next available medication refill/ follow-up appointment. Please bear in mind; depending on the time of year the re-scheduled appointment could be several weeks later than your previously scheduled appointment. We highly recommend keeping your original appointment.
14. Only acute allergic reactions to medications will be forwarded to a provider who is on-call after hours.
15. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit, specifically improved function.
16. It is understood that failure to adhere to these policies may result in cessation of controlled substance, pain medication prescriptions and cessation of care by QHI and/or referral for further specialty assessment.
17. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Patient signature & date

Provider

QUADRA

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