

## **Middle Georgia Orthopaedics Controlled Substance Therapy**

Long-term use of such substances as opioids (narcotic analgesics), benzodiazepines, tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they may provide long-term benefit. There is also risk of an addiction disorder developing or relapse of such occurring.

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 consideration for, and a condition of, the willingness of the physician to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

### **Please read number 1 thru 21**

1. As part of your treatment, our medical staff may prescribe medications for you. Many of these medications can have serious side effects if not managed properly. Your health and safety are very important to us, and we need your help to make sure your treatment follows our guidelines. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals and family members or law enforcement if necessary for the purpose of maintaining accountability.
2. I understand that taking my medications earlier than prescribed or allowing it to be lost, stolen, or destroyed in any way places me at risk for withdrawal, which is medically risky and potentially fatal. I understand that the use of opioids for chronic pain management carries the risk of addiction and side effects. I acknowledge that I cannot hold Middle Georgia Orthopaedics or any of the staff liable should I go into withdrawal. If I take my medication earlier than prescribed or allow it to be lost, stolen, or destroyed in any way, I take full responsibility. I will not attempt to obtain more medication earlier than prescribed. NO EARLY REFILLS WILL BE GIVEN on narcotic pain medications.
3. I agree to never share my medications with others, nor will I sell or exchange my medications for any reason.
4. I agree to inform this office of any new medications or medical conditions, or if I experience any adverse side effects or dosage problems with any of my prescribed medications.
5. I agree that if I receive any narcotic prescriptions from the physician or physician's assistant, I am not allowed to receive the same type of medications from another physician without expressed consent or consultation from the physician or physician's assistant.
6. I agree to use one pharmacy only for my pain-related medication.
7. I understand the refills on narcotic pain medications require a scheduled office visit. I also understand that narcotic pain medications (requiring a written prescription) will not be called into the pharmacy, mailed or faxed, nor will they be increased over the phone. If I am having problems with my medication, I understand that the physician or physician's assistant will require seeing me in the office. I agree to keep all scheduled appointments.

8. I understand that NO MEDICATION WILL BE GIVEN IF I CANCEL OR FAIL TO SHOW FOR MY APPOINTMENT.

9. I understand that Middle Georgia Orthopaedics requires two (2) business days' notice on prescription refills. If I fail to follow this requirement, I may run out of my medication, in which case I will be liable for any consequences that this may cause. No controlled substance prescriptions will be addressed after normal business hours.

10. I agree to have available all of my prescribed medications at the time of my office visit. I understand that pill counts may be necessary for controlled substances.

11. I understand that I should not drive or operate machinery while I am taking medications that may cause drowsiness or impaired cognitive function and that doing so may result in DUI or serious injury/death to myself or others for which I will be solely responsible.

12. I understand that I should avoid the use of alcohol (Beer, Wine, Whiskey, or Mixed Drinks of any kind). Ingestion of alcohol with narcotic pain medications may cause a sedative effect resulting in decreased consciousness (inability to awaken from sleep) or even death.

13. I understand that 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.

14. I understand that my therapy and Middle Georgia Orthopaedics may legally require monthly office visits (every 30 days) so that we can properly evaluate my progress and/or, if needed, appropriately adjust narcotic pain medications. I understand that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.

15. I understand that abusive behavior or harassment toward any member of the staff of Middle Georgia Orthopaedics will not be tolerated. Harassment includes, but is not limited to, more than two (2) phone calls to the office in one business day.

16. I will not show up to any Middle Georgia Orthopaedics office unannounced or without an appointment seeking medication refills.

17. I understand that forged or falsified prescriptions will result in the immediate dismissal from Middle Georgia Orthopaedics and notifications of the proper authorities.

18. I understand that the physician and physician's assistant reserve the right to REQUEST A DRUG SCREEN OR SERUM TOXICOLOGY SCREEN AT ANY TIME! If I fail to submit the specimen within the requested time frame, I understand that this is grounds for immediate dismissal from the practice. If my screen tests positive for illicit substances or negative for medications prescribed to me, I understand that these drugs should not be stopped abruptly, as an abstinence syndrome (withdrawal) will likely occur and that if I am dismissed from this practice, I will have 30 days to find a new physician.

19. I understand that the use of opioids to treat chronic pain may result in an increase in pain or lack of effect and that the proper course of action at that time may be to reduce or eliminate opioids as part of the pain treatment regimen.

20a. **Female Only:** If I plan to become pregnant or believe that I have become pregnant while taking this pain medication, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medications, the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

20b. **Males Only:** I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire, and physical and sexual performance. I understand that my doctor may check my blood to see if my testosterone level is normal.

21. I affirm that I have full right and power to sign and be bound by this agreement, and that I have read, understand, and accept all of its terms.

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Patient's Signature (or legal representative) and Date

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Printed Name of Patient (or legal representative)

*Middle Georgia Orthopaedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*