



OPIOID TREATMENT AGREEMENT

Patient Name: _____

Date: _____

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to assure that you and your medical providers comply with state and federal regulations concerning the prescribing of controlled substances.

A trial of opioid therapy can be considered for moderate to severe pain with the intent of reducing pain and increasing function. The medical providers' goal is for you to have the best quality of life possible given the reality of your clinical condition.

The success of treatment depends on mutual trust and honesty in the physician/patient relationship and full agreement and understanding of the risks and benefits of using opioids to treat pain.

I, _____, understand that compliance with the following guidelines is important in continuing pain treatment with the providers at the Spine & Nerve Diagnostic Center (Vinay M. Reddy, MD; Ethelynda T. Jaojoco, MD; Karen Cain, PA-C; Julie Stackhouse, PA-C; and Jacie Touart, PA-C; and other associates).

1. I understand that I have the following responsibilities:

- a. I will take medications only at the dose and frequency prescribed.
- b. I will not increase or change medications without the approval of this doctor.
- c. I will actively participate in any program designed to improve function (including social, physical, psychological and daily or work activities).
- d. I will not request opioids or any other pain medicine from physicians or providers other than from the Spine & Nerve Diagnostic Center providers.
- e. I will inform the providers at the Spine & Nerve Diagnostic Center of all other medications that I am taking.
- f. I will obtain all medications from one pharmacy, when possible, known to this doctor with full consent to talk with the pharmacist given by signing this agreement.
- g. I will protect my prescriptions and medications. Lost or stolen medications will not be replaced by our providers. I will keep all medications from children.
- h. I agree to participate in psychiatric or psychological assessments, if necessary.
- i. I will not take illegal controlled substances such as methamphetamines, cocaine, etc.
- j. I understand that the providers at the Spine & Nerve Diagnostic Center may stop prescribing opioids, change the treatment plan, or discharge me from their care if I do not comply with the responsibilities outlined above.

2. 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. The drug screen helps monitor my compliance with my pain control program.

3. I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.

4. I authorize the doctor and my pharmacy to cooperate fully with any city, state or federal law enforcement agency, including this state's Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medicine. I authorize my doctor to

provide a copy of this Agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations. I understand that the providers at the Spine & Nerve Diagnostic Center may make random calls to pharmacies to confirm that the terms of opioid agreement are being met. I also understand that the providers at the Spine & Nerve Diagnostic Center may obtain a California Department of Justice CURES report on me which tracks opioid medication dispensed from pharmacies.

5. I understand that the providers at the Spine & Nerve Diagnostic Center may stop prescribing opioids, change the treatment plan, or discharge me from their care if:

- a. I do not show any improvement in pain from opioids or my physical activity has not improved.
- b. My behavior is inconsistent with the responsibilities outlined in #1, #2, #3, or #4 above.
- c. I give, sell or misuse the opioid medications.
- d. I develop rapid tolerance or loss of improvement from the treatment.
- e. I obtain opioids from other than the providers at the Spine & Nerve Diagnostic Center.
- f. I refuse to cooperate when asked to get a drug screen.
- g. If an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
- h. If I am unable to keep follow-up appointments.
- i. If I am abusive to the staff of the Spine & Nerve Diagnostic Center.

6. In the event that the decision is made to discontinue treatment is made, for any reason, you will be prescribed a tritrating dose of medication and you will be advised to seek alternative care.

Patient Signature

Date

Patient Name (PRINT)

Provider Signature

Date

Vinay M. Reddy, MD; Ethelynda T. Jaojoco, MD;
Karen Cain, PA-C; Julie Stackhouse, PA-C;
Jacie Touart, PA-C



OPIOID TREATMENT AGREEMENT (continued)

YOUR SAFETY RISKS WHILE WORKING UNDER THE INFLUENCE OF OPIOIDS:

You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

SIDE EFFECTS OF OPIOIDS:

- Confusion or other change in thinking abilities
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Nausea or Vomiting
- Sleepiness or drowsiness
- Constipation
- Aggravation of depression
- Dry mouth
- Breathing too slowly – overdose can stop your breathing and lead to death

THESE SIDE EFFECTS MAY BE MADE WORSE IF YOU MIX OPIOIDS WITH OTHER DRUGS, INCLUDING ALCOHOL.

RISKS:

- 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; Difficulty sleeping for several days; Diarrhea; Abdominal cramping; Sweating; ‘Goose bumps’; Rapid heart rate; Nervousness.
- Psychological dependence. This means it is possible that stopping the drug will cause you to miss or crave it.
- Tolerance. This means you may need more and more drug to get the same effect.
- Addiction. A small percentage of patients may develop addiction problems based on genetic or other factors.
- Problems with pregnancy. If you are pregnant or contemplating pregnancy, discuss with your physician and OB/GYN.

I have read this document, understand and have had all my questions answered satisfactorily. I consent to the use of opioids to help control my pain and I understand that my treatment with opioids will be carried out as described above.

Patient Signature

Date

Provider Signature

Date

Vinay M. Reddy, MD; Ethelynda T. Jaojoco, MD;
Karen Cain, PA-C; Julie Stackhouse, PA-C;
Jacie Touart, PA-C