



Controlled Substance Agreement

The providers at Family Care Walk In Clinic understand the need for pain control for patients suffering from chronic pain. Ultimately, it is our goal to decrease pain and discomfort for each of our patients in a safe, effective manner. Below, is a contract intended to promote a mutual understanding between the provider and the patient regarding controlled medications for pain and other scheduled medications such as Adderall, Xanax, etc. Patients with prolonged (chronic) symptoms will have an individualized plan to improve symptoms which may include Physical Therapy, Psychological Assessment, Counseling, or a reduction and eventual cessation of narcotic use. The pain management plans are based upon clinical findings, the patient's pain level and ultimately, the discretion of the providers. Generally, the providers at Family Care prescribe controlled substances on a short-term basis for acute problems and will not prescribe these medications for long term use.

*A *narcotic* is a controlled substance intended to decrease pain and may affect mood, behavior, or has the potential for dependence or tolerance.

* The providers of Family Care define *narcotic abuse* as the following:

1. Repeatedly requesting early refills on narcotic medication
2. Receiving multiple narcotic prescriptions from different providers
3. Altering written prescriptions
4. Selling narcotics
5. Sharing pain medications with others (including family members)
6. Using narcotics other than as prescribed.

*Please read this contract carefully and sign in the labeled areas. If you have any questions regarding this contract, please contact our office.

- Family Care Walk In Clinic (FCWIC) cannot replace medications which are lost or stolen unless a police report of theft has been filed and sent to us. In the case of theft, a legal investigation will take place. If medications are lost or stolen a second time in any twelve-month period, they cannot be replaced, no matter the circumstance. Medications or prescriptions lost in the mail cannot be replaced.
- It is the policy of FCWIC to occasionally perform random urine drug screens. There may, or may not be a cost to the patient for this test, however, FCWIC will be unable to prescribe medications if a patient refuses such testing. FCWIC will be unable to prescribe medications to any patient who tests positive for any illegal substance, tests positive for narcotics not prescribed to the patient, or any evidence of narcotic prescription diversion.
- It is the responsibility of each patient to keep all appointments. If a patient does not keep his or her appointments, FCWIC will not refill any medications unless the patient returns to the clinic for an appointment. Ultimately, it is at the discretion of the provider to continue to prescribe any medication after repeated appointment cancellations, no-shows or provider conflicts within or outside the office.
- The pain regimen of the patient will only be changed at the providers' discretion. The patient should only receive pain medication refills from the *original prescribing provider*. In any event, if the original provider is unavailable to renew the prescription, another provider from FCWIC may *renew or deny* the prescription. The initial provider's plan for pain management will be followed in most instances at the providers' discretion. Medication type, strength, quantity and frequency of use may differ from the patient's preference if deemed appropriate by the provider. If the patient feels he/she is not receiving adequate pain control, the patient may be referred to a certified pain clinic for evaluation and treatment. *Once referred to a pain management facility, all further pain medications will be managed by the Pain Management Specialist to whom they are referred.*

I understand if I violate one or more of the terms listed above, the agreement will be null and void. The medication regimen will be stopped and I may be dismissed as a patient from Family Care Walk In Clinic. _____ **Patient Initials**

The pharmacy that I will use to fill my prescriptions is:

Pharmacy: _____ Phone: _____.

By signing this contract, I signify my understanding and agree to adhere to its terms.

Patient Signature

Date

Witness Signature

Date

Provider Signature

Date