



PAIN CLINIC OF NORTH CAROLINA

Controlled Substance Patient/Physician Contract

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful, but have a high potential for abuse and misuse. Therefore, these medications are closely controlled by local, state and federal government. They are only intended to relieve pain or anxiety in order to improve function, increase activity and ability to work. Because my physician is prescribing such medication to help manage my pain I agree to the following conditions:

I, _____ agree to the following conditions:
(Print Name)

- A. I understand that:
 - a. The medications prescribed are strong medications and I may become dependent on such medications.
 - b. If medications are stopped suddenly, I may experience withdrawal symptoms such as: chills, shaking, stomach cramps, irritability and pain.
 - c. While using such medications my ability to drive and/or operate machinery or equipment may be impaired.
 - d. These medications may cause me to feel sleepy and delay my reaction time thus placing others at risk if I ignore these warnings.
 - e. I authorize the release of any information in my medical record by PCNC to other physicians, medical facilities, my insurance company or other reimbursing agencies and regulatory agencies.
 - f. It may become necessary for me to stop taking such medication entirely.
- B. While under treatment of this office I am required to adhere to the following rules and regulations:
 - a. All prior and current prescribed medications by any other physicians must be discussed with the provider upon initial visit and each office visit thereafter.
 - b. Pain medications of any type and/or tranquilizers/benzodiazepines will only be obtained from PCNC. I will not request or accept any controlled substances from any other physician or individual while I am receiving such medications from PCNC. Any controlled substance given in a special circumstance such as hospitalization must be reported to the office immediately after release.
 - c. Medications are to be taken as prescribed. Doses may not increased without specific instructions from your provider. Medications must last from one appointment to the next scheduled appointment. If I run out early, the remaining days will be endured without medications.
 - d. Refills or changes of all controlled substances will be made only during regular office hours, in person, during a scheduled office visit, NOT a walk-in visit.
 - e. Refills will not be made at night, on holidays or weekends or as an emergency, such as a Friday afternoon if you realize you will run out tomorrow.
 - f. Refills will not be called in to a pharmacy.
 - g. If I encounter a problem and/or allergy with a medication, I must bring the remaining amount to the clinic before any other medications will be issued.



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- h. Lost or stolen medications will not be addressed or replaced even with a police report.
 - i. Prescriptions will not be replaced until the regularly scheduled time of visit.
 - j. Random drug screen and/or pill counts may be ordered by the provider at any time for any reason. If I fail to comply immediately with a drug screen and/or pill count, my controlled substance medications may be terminated immediately.
 - k. Any tampering with the urine drug screen, such as adding water or other liquids, will result in immediate termination of controlled drugs and you will be dismissed from PCNC.
 - l. Illegal substance abuses of any kind (i.e. marijuana, cocaine, etc.) will not be tolerated by this clinic and will result in immediate termination of controlled drugs and dismissal from PCNC.
 - m. Prescriptions shall not be altered in any way or shared with another person. This is a felony offense, punishable by large fines, considerable jail time, and dismissal from the clinic. Any such offense will be reported to law enforcement.
 - n. Obtaining any controlled substance from any individual is a violation of the law and this contract. Violator will be dismissed from PCNC and reported to law enforcement.
 - o. Selling any controlled substance to any individual is a violation of the law and this contract. Violators will be dismissed from PCNC and reported to law enforcement.
 - p. While under our care you may be required to see a pain specialist annually.
- C. I understand that failure to comply with the above conditions will be considered a breach of the contract, and at the sole discretion of my provider, may result in the immediate termination of controlled medications and/or termination of care from PCNC. All consulting and referring physicians will be notified of all treatments and any noncompliance or discharge issues in order to maintain continuity of care.
- D. I have fully reviewed this contract and understand the risks of taking such medications and the consequences of violating the contract.

***** NO CONTROLLED SUBSTANCE WILL BE FILLED AT A WALK-IN VISIT, YOU MUST HAVE AN APPOINTMENT*****

(Patient Signature)

(Date)

For Office Use Only:

I attest that I have provided ample time for the patient to read this information and have answered all patient questions regarding consent for treatment or have directed the patient to his/her provider for further clarification.

Witness Signature: _____ Date: _____