

## CONTROLLED SUBSTANCE INFORMED CONSENT AND THERAPY AGREEMENT

The purpose of this agreement is to clarify the responsibilities of the patient and the prescribing provider when controlled substances are utilized in medical management. Please read this entire document carefully. If you feel there is any section in which you will be unable to comply, please discuss this with your provider prior to starting the medication.

I, \_\_\_\_\_ understand and agree to the following:

Patient Legal Name, PRINTED Patient Date of Birth

- I understand that controlled substances and similar drugs are potentially dangerous and must be taken exactly as prescribed. I agree to take the medication only as prescribed and agree not to change the amount or frequency of the medication. Any changes must first be discussed with and agreed to by my prescribing provider.
- I understand that these controlled substances can have serious side effects and may cause me to become dependent upon these medications. I also understand that the overuse of these medications can result in serious health risks including respiratory depression or even death. I understand that other serious side effects of taking controlled substances include, but are not limited to, the following:
  - **Dependence**. Controlled substances generally lead to physical dependence. This means that suddenly lowering doses or stopping medication will cause withdrawal symptoms, which may include nausea, vomiting, diarrhea, sleeping difficulties, increased pain, and even seizures.
  - **Tolerance**. Controlled substances are generally less effective over time due to the development of tolerance. Increased doses may help but can also lead to greater side effects and risks. If a medication stops working adequately, it may be necessary to stop it altogether and seek different treatment.
  - o Impaired driving and thinking. Controlled substances generally slow the nervous system, making it dangerous to drive or operate hazardous machinery. Judgment may also be impaired. The risks of controlled substances are greatly increased if the controlled substance is combined with other prescription drugs, over-the-counter medications, or illegal substances that also impair the nervous system. If in doubt, the Patient must not drive or operate machinery or engage in any activity which could endanger yourself or others.
  - **Pregnancy complications**. Patients who could become pregnant should discuss the risks of taking controlled substances while pregnant to themselves and their developing infants.
- I understand that I am responsible for my controlled substance medication. If the prescription or medication is lost or stolen, or if I use it up sooner than prescribed, I understand that it will not be replaced. I am responsible for keeping track of the number of doses remaining, and I agree to keep my medication in a safe and secure place.
  - I agree not to obtain more medication than needed and not to "stockpile" controlled substances.
- I agree not to use illicit substances, including, but not limited to, heroin, cocaine, or hallucinogenic drugs. I understand that combining my medications with these drugs could lead to impaired judgment, inability to drive safely, difficulty breathing, overdose, long-term harm to the body, and/or death.
- I agree to discuss with my prescribing provider any use of marijuana or alcohol while taking prescribed medications and to abide by his/her recommendations. In general, alcohol use is dangerous while taking controlled substances.
- I agree not to request or accept controlled substance medications from anyone other than my prescribing provider at Northeast Surgical Group without first notifying such prescribing provider. The only exception is if a controlled substance is given to me while I am admitted to a hospital. If a controlled substance is prescribed for me by someone else, I agree to notify my prescribing provider at Northeast Surgical Group immediately before taking the medication.
- I understand that prescriptions for controlled substances require an office visit. Prescriptions will not be available by phone, mail or fax. I agree not to call the office requesting that my medication be prescribed over the phone.
- I understand that my prescribing provider at Northeast Surgical Group may use the Michigan Automated Prescription System ("MAPS") to review my pharmacy records at any time.
- I agree to inform my prescribing provider at Northeast Surgical Group of any new medications or medical conditions and of any adverse affects I experience from any of the medications I am taking, including over the counter medications.
  - I agree not to sell, lend or in any way give my medication to any other person.



## CONTROLLED SUBSTANCE INFORMED CONSENT AND THERAPY AGREEMENT ...continued...

- I agree to safeguard my medications so that they are protected from theft or loss. I agree that if my medications are stolen, I will contact the police to make a report and contact my prescribing provider immediately. I understand that medications that are lost or stolen will not be replaced unless I have had an appointment with my prescribing provider to discuss this issue. I agree to be particularly careful to safeguard my medication from children and young adults if they are ever present in my home.
- I agree to submit a urine specimen or have blood drawn at any time that my prescribing provider at Northeast Surgical Group requests and give my permission for it to be tested for alcohol and drugs.
  - I agree to inform my prescribing provider of my complete and honest personal alcohol, drug and medication use and history.
- I agree that my physician / Northeast Surgical Group may discuss all diagnostic and treatment details with dispensing pharmacists or other health care professionals involved in my health care for my treatment and accountability purposes.
- I agree not to abruptly discontinue my controlled substance medications without informing by prescribing provider. I understand that doing so can lead to a withdrawal syndrome that may be particularly uncomfortable and in severe cases can lead to a life-threatening seizure.
- I understand that failure to adhere to this Agreement may result in cessation of therapy with controlled substance prescribing by my prescribing provider and that I may be terminated as a patient of Northeast Surgical Group. In addition, my treatment plan may be reassessed to maximize safety and effectiveness, including the possibility of changing, tapering, or discontinuing my medication or referral to a specialist.

By signing this Agreement I affirm that I have read, understand and accept all of the terms of this Agreement.

Patient Legal Name, PRINTED	Patient Date of Birth	
Patient Signature:		
Parent/Legal Guardian Signature:		
Witness Signature:		