



## **Hugh Chatham Physician Practices**

### **Controlled Substance Agreement**

The purpose of this agreement is to protect you as the patient and to inform you regarding our ability to prescribe controlled substances for you either now or in the future.

In accordance with recommendations from the CDC and the NC Medical Board, Hugh Chatham physician practices have strict policies surrounding the prescribing of controlled medications. Therefore we do not prescribe medications such as Morphine, Fentanyl, Oxycodone, Oxycontin, Dilaudid or Demerol on a routine basis. In rare instances a short course of a controlled substance may be used in addition to other modalities for select conditions. Patients requiring stronger medications or chronic pain medication should expect to be referred to a pain clinic for further treatment. Patients dismissed from a pain clinic for any reason will not receive pain medication prescriptions from any Hugh Chatham affiliated office.

Due to the high risk of addiction and abuse, the prescribing of medications such as Benzodiazepines, Klonopin, Ativan, and Valium will be limited. Such medications may require management by a behavioral health specialist.

Because all of these medications have potential for abuse or diversion, strict accountability is necessary when they are prescribed. For this reason the following stipulations are agreed to by you the patient:

1. Patients requiring long-term narcotic use may be referred to a pain management specialist. (The CDC guidelines recommend less than 3 days as sufficient for most acute pain and rarely will more than 5-7 days of pain medication be prescribed).
2. All controlled substances refills must come from the care provider initially prescribing the medication or the covering physician in the absence of your provider.
3. You may not share, sell, or otherwise permit others to have access to these medications.
4. Unannounced urine or serum toxicology screens may be requested and your cooperation is required. Refusal to cooperate, presence of unauthorized substances and/or lack of expected substances may result in termination of care.
5. Early refills will not be given. If you feel a refill is needed, an appointment with your provider must be scheduled.
6. A pain medication prescription is not a substitute for physical therapy, heat /cold therapy, positions of comfort, or other pain management recommendations made by your provider.

It is understood that failure to adhere to this agreement may result in discontinuation of pain management therapy, controlled substance prescribing and/or termination of care management with your provider.

The use of \_\_\_\_\_ (print names of medication(s))  
may cause addiction and is only one part of the treatment for: \_\_\_\_\_  
(print name of condition—e.g., pain, anxiety, etc.).

You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all terms.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_