COASTAL SPINE & PAIN, LLC
Controlled Substance Agreement
Informed Consent Form

!!!YOU ARE SIGNING A LEGAL DOCUMENT REQUIRED IN ALABAMA!!

DO NOT JUST SIGN THIS FORM WITHOUT READING IT AND UNDERSTANDING EVERYTHING YOU ARE AGREEING TO EVIDENCED BY YOUR SIGNATURE.

Please read the following carefully. By signing and initialing below, you are consenting to treatment with narcotic medication and agreeing to follow every one of the agreements it contains. Violation of this agreement will result in you no longer being considered a candidate for controlled substances and may lead to permanent and irrevocable discharge from this clinic. Please take a copy of this agreement with you to review as you will be held to it, without exception.

The following agreement relates to any and all use of Controlled Substances that might be prescribed to me by a physician at COASTAL SPINE & PAIN, LLC. This type of medication is prescribed solely upon the medical findings and if it correlates with the treatment plan. I recognize that there are State & Federal regulations regarding the use Controlled Substances that are followed by all the staff at Coastal Spine & Pain, LLC. If I am provided Controlled Substances for the treatment of my chronic pain, they will only be prescribed while I am actively participating in the program and only if I adhere to the following regulations. FAILURE TO FOLLOW THE BELOW POINTS MAY RESULT IN DISMISSAL FROM THE PRACTICE WITHOUT WARNING and I agree that I will not hold any member of Coastal Spine & Pain, LLC liable for problems caused by discontinuance of controlled substances. **I understand that I am not required to take narcotic pain medicines or controlled substances as part of my pain treatment.**

- Any medication prescribed will be maintained within the parameters of my physician's direction and my prescription. I will not deviate from the medication-dosing schedule, this includes increasing my dosage or abruptly stopping my dosage without authorization direction.
- All medications will be kept safe, up and out of the reach of any children or irresponsible adults. An unsafe prescribing environment is my sole responsibility. The lack of this environment may result in discontinuation of my medication at the sole discretion of the prescribing physician. An unsafe prescribing environment, either due to a change in circumstances or past information that is found at a later time is an independent reason to discontinue my medications.
- I will assign a pharmacy of my choice, either by Mail Delivery, Governmental pharmacy or **IN THE STATE OF ALABAMA**, and I will NOT fill medications at any other pharmacy without extenuating circumstances. I will only use electronic prescriptions for my safety and the safety of others. If my pharmacy does not accept electronic prescriptions, I will use my best efforts to find another acceptable pharmacy that accept electronic prescriptions.

Patient Initials_____

- Controlled Substance prescriptions will **NOT** be refilled for 'lost' or 'stolen' medication, **even with a police report**. Refills will not be given before the next scheduled refill date due to the self-escalation of opioid usage.
- Early or altered prescription patterns will **NOT** be allowed for being "out of town" or "on vacation" when refills will be due.
- Prescriptions can only be given to the patient or authorized representative. They cannot be mailed or picked up by someone not listed. **I understand that I may be breaking the law if I sell, share, abuse, or provide false information when attempting to obtain controlled substances.**
- I will **ONLY** receive controlled substances from Coastal Spine & Pain, LLC. I will alert Coastal Spine & Pain, LLC if I have been hospitalized or gone to the Emergency Room and received any pain-relieving medications. Information that I have received pain medications or filled a pain medication prescription outside of Coastal Spine & Pain, LLC **WILL** lead to a discontinuation of treatment.
- I will not take any illegal drugs or medications prescribed to an individual other than myself. I will also not give any prescribed medications to any other person, even a family member, even if they are on the same medication or being treated by Coastal Spine & Pain, LLC.
- Due to the prevalence of their use I understand specifically that **ALCOHOL or THC** with narcotic prescriptions is against clinic policy. Evidence of alcohol or THC on a urine drug screen my result in treatment discontinuation. Where either substances came from, or for whatever reason they are taken cannot be determined by testing thus even if I precured them by legal means, I may be discharge from Coastal Spine & Pain, LLC or taken off my medication at the sole discretion of Coastal Spine & Pain, LLC.
- Do not take any sedatives without first alerting the OTHER prescribing physician that you are on a narcotic.
- **I understand that if illegal substances, the absence of prescribed medications or undisclosed prescribed medications not approved by the physicians of Coastal Spine & Pain, LLC are detected in the urine, saliva or blood screen I may be terminated as an existing patient of Coastal Spine & Pain, LLC.** You will receive a termination letter at the address provided and follow up appointments canceled.
- I will notify Coastal Spine & Pain, LLC if I am considering pregnancy or become pregnant.
- I understand that opioids have the ability to cause drowsiness which can impair motor skills. I understand that caution is urged when driving a motor vehicle or operating other heavy machinery. I agree to refrain from driving or operating dangerous equipment for 72-hours after any change in medication dosage. **I understand, however, that laws in most states consider anyone driving while taking narcotics or sedating medication to be driving under the influence (DUI) (even if your provider believes it was safe for you to drive).**
- I understand that Controlled Substances can cause a variety of other side effects including but not limited to: dizziness, falls, nausea, vomiting, constipation, dry mouth, weight changes, suppressed immune system, allergic reactions, and blood chemistry imbalances. **There is also a risk that of becoming physically dependent or addicted on ANY opioid or sedative medication. I will inform the staff if I have a past**

history of addiction, substance abuse or alcoholism, or if I, a friend or family member is concerned I may be developing any of these conditions.

- If it appears to the physician that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, I will gradually taper my medication as prescribed by the physician.
- **I authorize Coastal Spine & Pain, LLC to disclose, request and/or use information concerning my medical history (*INCLUDING MEDICATION HISTORY*) from pharmacies, insurance companies, healthcare operations, and/or other physicians. This authorization will be effective as long as I am an active patient of Coastal Spine & Pain, LLC and will be revoked upon my termination as a patient of Coastal Spine & Pain, LLC.**
- I agree to submit to any drug screening dictated by my physician. This includes but is not limited to: random pill counts, urine, saliva and blood screens which are used to detect the **presence and absence** of both prescribed and non-prescribed medications at any time.
- I WILL BRING MY MEDICATIONS TO EVERY OFFICE VISIT FOR PILL COUNT. If I do not bring them with me, I may be required to bring them back to the clinic during business hours before another prescription is sent to my pharmacy.
- I understand that if I miss, no-show or reschedule two appointments in a 6 (six) month period, I may be discharged from the care/management of Coastal Spine & Pain, LLC.
- I recognize that my chronic pain represents a complex problem which may benefit from a variety of therapies including physical therapy, surgery, injections, imaging, psychotherapy and behavioral medicine strategies. Previous failure of any of these treatment options is NOT indicative of future results and may be reordered. I also recognize that my active participation and lifestyle changes in the management of my pain is extremely important. I agree to actively participate in all aspects in the Pain Management Program to secure increased functioning and improved coping with my condition.
- I understand that opioids are often prescribed as a last resort bridging therapy towards a goal (for example, quitting smoking, losing weight or getting my blood sugar under control so that you will hurt less or so that a surgery can take place to fix my pain) and that if your prescribing physician deems you are not moving towards those goals, your medication will be discontinued.
- **OUTSIDE OF CANCER RELATED PAIN OR PALITIVE CARE, CHRONIC OPIOIDS AS A SOLE PAIN MANAGEMENT STRATEGY WILL NOT OCCUR OR BE TOLERATED.**
- Patients are required to comply with mandatory testing either during a scheduled office visit or by coming into the office for the sole purpose of drug screening within 24 hours of notification.
- When I am given a prescription for a controlled substance, I understand that I will not take more than what is prescribed. If I run out of the medicine early, I may suffer withdrawal symptoms. Early refills will not be offered. What will be offered is withdrawal mitigating medications or a referral to a treatment center or both. Routine refills of my medicines will be done during business hours between 8:00 am and 11:00am and from 1:00pm to

4:30pm MONDAY thru THURSDAY, and only during scheduled visits. Do not expect call in medicines after hours or on weekends.

- **IT IS YOUR RESPONSIBILITY** – I understand that if I am discharged from the clinic, lose insurance, become unable to pay for visits or for any reason cannot make my appointments, Coastal Spine & Pain, LLC **CAN NOT AND WILL NOT** call you in extra medications beyond what was previously prescribed. This goes for controlled and non-controlled substances. As an example, if you are discharged, the clinic may provide a short-term prescription, and it is YOUR RSPONSIBILITY to either titrate from the medication using that prescription or find another provider before it runs out. DO NOT CALL REQUESTING ANOTHER PRESCRIPTION because you are about to "run out" as we will not provide one. It is YOUR RESPONSIBILITY to ensure that you are not in that situation. If you lose insurance/finances/move or otherwise cannot make your appointment, Coastal Spine & Pain, LLC cannot call you in another prescription until that issue is resolved and you are seen in clinic, as it is YOUR RESPONSIBILITY to ensure that we can safely and legally prescribe your medications. I understand that situations arise that are out of my control but requesting my provider to deviate from the above section will not be entertained.
- I understand that non-compliance of ANY of the above guidelines may result in dismissal as a patient or discontinuation of prescriptions of controlled substances.

_____ _____

Patient or Guardian (with defined relationship) Signature *Date*

_____ _____

Physician Signature *Date*

Patient Initials_____