

## **Opioid Agreement: Rules, Regulations and Guidelines of the DEA**

**Opioid Pain Medication is very dangerous.** Side effects and dangers include constipation, fatigue, drowsiness, mood changes, nausea, vomiting and anxiety. There is a risk of addiction, respiratory depression and death. If you have **sleep apnea**, **pulmonary disease** like **asthma or COPD** or **cardiac disease** you are responsible to let your internist, pulmonologist or cardiologist know you are being prescribed opioids. **You cannot mix opioids with alcohol and should use extreme caution when operating a motor vehicle.** You should not drive for at least one hour after taking a opioid. **You must safely store your medication** so children or family members cannot access these dangerous medications. We have reviewed these dangers and you understand what these dangers are. **You are consenting to the risks and use of these medications.**

**You must take your medication exactly as prescribed.** You cannot increase medication without permission from me. Then I can document the increase and we can adjust your medication needs as necessary. If you increase your medication without approval **you will run out early and I cannot prescribe additional medication.** **We do not renew medications early for any reason.** You must only use one pharmacy for all your opioid medications.

**I am the only doctor who can prescribe opioid medication to you.** You cannot obtain opioid pain medication from anyone else without notifying us. If two different doctors are prescribing, the combination of these medications may cause death. **This includes your primary physician, any other specialist and/or emergency rooms or walk in clinics.**

**You are responsible for keeping your appointments for renewing your medication.** Opioid pain medications can only be prescribed on a monthly basis. I cannot and will **not renew opioid pain medication on the phone or on weekends.** There are no exceptions. If you miss your appointment or have a problem, you will be given the next available appointment. **If you call the office repeatedly for an emergency appointment, you will be in violation of this agreement.**

**You will have a urine screen at least four times a year** to confirm that you are using your medication properly and not taking illegal substances like cocaine, heroin, crack, etc.. **This is not being performed in any way to be punitive or accusatory, or intended to embarrass you.** This is necessary to provide you with the best and safest medical care. **If your medication is not working, do not throw it out.** If you need to change medications **you must return any unused medication and dispose of it in our presence** before I can provide you a different medication.

**The abuse and diversion of opioid medication is a criminal offense.** You agree to only take this medication for your painful condition. You will not use this medication for any other purpose. I am taking you at your word regarding your pain condition. **If criminal activity is suspected, I am obligated to report you to the authorities. You are giving me permission to do so when you sign this form.**

**The use of opioids is only part of your comprehensive treatment plan.** We promote wellness and want to find alternative pain treatments including non-opioid medications, Physical Therapy, Massage Therapy, Exercise, Chiropractic treatments, & Acupuncture. **I reserve the right to discharge you from my practice for any violation of this agreement.** We do not discriminate. All patients follow the same rules.

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Name

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Date