

Cross-Over Health Center Controlled Substances Contract

I, _____, agree to the following provisions to continue receiving narcotic pain medications for my chronic pain concerns:

1. I will be truthful and honest in all circumstances with my treating clinician and office staff.
2. I will only receive narcotic pain medication or other controlled substance prescriptions from Cross-Over Health Center providers
3. I will only fill narcotic pain or controlled substance medication at _____ pharmacy, phone # _____
4. I understand these medicines are for my personal use only
5. Each narcotic prescription handed to me is assumed to last for 30 days of therapy after the date I pick up the medicine from the pharmacy. Any exception to this will be written out on the written prescription by the clinician.
6. I will not expect or request early refills or additional tablets in addition to the number of tablets agreed to for my chronic condition.
7. If I do not have an appointment and my prescription is due, I will give a minimum of 72 hours notice of my need for a new prescription.
8. Narcotic refill requests will not be made after hours during the week or on weekends. I will take responsibility for calling early enough so that I do not run out during these times.
9. If an adjustment in the dose or amount of my medication is needed, I will schedule an office visit to discuss this with my provider
10. If I fail to keep more than 1 appointment, no refills will be authorized until my next appointment.
11. I understand and agree that lost or stolen medications will not be replaced.
12. In case of emergency, surgery, or hospitalization I will inform the doctor in charge of my care in that situation that I am on a chronic narcotic pain management program and if they choose to prescribe additional or different pain medications, a record of that will be provided to Cross-Over Health Center.
13. Urine or blood testing may be requested to verify what substances are in my system. Failure to comply or attempts to alter results of testing may result in denial of all future narcotic prescriptions.
14. Sharing of narcotics is strictly prohibited and I will not engage in this behavior
15. I certify that I am not currently abusing alcohol, illicit, or prescription drugs, and will not in the future.
16. I am aware that CrossOver participates in the Prescription Monitoring Program and will regularly use the state database to monitor controlled substance prescribing. I also am aware that CrossOver has the right to call pharmacies and other health services clinicians for monitoring purposes.
17. I understand that not following these above listed agreements may result in discontinuation of all narcotic or controlled substance prescriptions being prescribed from this clinic and could potentially result in termination of my care at CrossOver entirely.

Provider _____ Patient _____

Date _____ Witness _____