

IHA INFORMED CONSENT AND CONTROLLED SUBSTANCE THERAPY AGREEMENT

Patient Name: _____

DOB: _____

The purpose of this agreement is to clarify the responsibilities of the patient and the prescribing provider when controlled substances are utilized in long term 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.

RISKS OF CONTROLLED SUBSTANCES:

- **DEPENDENCY:** Controlled substances generally lead to physical dependence where abrupt stoppage or lowering of the drug can lead to withdrawal symptoms. This is often a very uncomfortable condition and may include the following: nausea, vomiting, diarrhea, trouble falling asleep or staying asleep, difficulty with concentration or focus, extreme pain and in certain cases may lead to seizure
- **TOLERANCE:** Controlled substances generally lead to an increase in tolerance where the medication has decreased effectiveness over time. In these instances, dosage and strength may be increased but this can lead to worsening side effects. If a certain form of treatment shows signs of failure, my doctor may stop treatment, select a different treatment and/or refer me to a specialist for assistance.
- **IMPAIRED DRIVING AND THINKING:** Controlled substances can affect the central nervous system making it dangerous to drive or operate machinery as well as impairing decision making. This is often made worse after doses are increased or when the medication is combined with other prescription or over-the-counter medications, alcohol, or illegal drugs. If there is any concern about this, you should not drive, operate machinery, use a firearm, or provide care for someone who is unable to care for themselves. Please discuss these risks with your physician.
- **FEMALE PATIENTS:** I agree to immediately discuss with my prescribing provider and obstetrician if I am planning to become pregnant or have become pregnant in order to discuss risks associated with these medications in pregnancy.

PRESCRIBER RESPONSIBILITIES:

- The prescriber agrees to educate the patient to the best of his or her ability as to the risks and benefits of utilizing controlled substances. The ultimate goal is to improve quality of life of the patient when utilizing these medications. The prescriber also agrees to continue these medications unless it has been established that the medications are unsafe in any way or that the patient is unable to follow any of the agreements below.
- For patients that have been issued a prescription for an OPIOID:
 - The prescriber has discussed that naloxone is a medicine that can be administered by individuals with or without medical training to help reduce opioid overdose deaths. If naloxone is administered quickly, it can counter the overdose effects, usually within minutes. The prescriber has given the patient a prescription for naloxone and informed the patient that naloxone can be obtained at a pharmacy with or without a prescription.

PATIENT RESPONSIBILITIES:

- I agree to keep my appointments as scheduled with my prescribing provider. If I am unable to keep these appointments regularly, I understand that my medication cannot be prescribed.
- I agree that controlled substances will only be prescribed by my designated provider's office and will not be provided over the telephone, after normal business hours or on weekends or holidays.
- I agree to contact my provider immediately if I am prescribed any controlled substances from other providers including substances prescribed in an emergency room. I understand that controlled substances are often prescribed for pain, anxiety, sleep, weight loss or attention disorder.

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- I agree not to obtain more medication than I need and therefore not “stockpile” medications. I will inform my provider if I have been prescribed more medication than I routinely use in one month’s time.
- 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 as well as contacting 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 not to use illicit drugs such as cocaine, heroin, or hallucinogens. 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 death.
- I agree to have a discussion with my provider about the risks of using marijuana and alcohol while taking controlled substances and abide by the recommendation of my provider. These risks include impaired judgement, inability to drive safely, difficulty breathing, overdose, long term harm to the body, and death.
- I agree to be completely open and honest with my prescribing provider in regards to any problems I may have had with alcohol or drug use. If I have had these issues, I understand that my doctor will still continue to treat me but may use medications that will not cause a return to abusive drinking or drug use.
- I agree to participate in random drug screening involving urine, blood or saliva and to promptly complete lab work ordered by my prescribing provider. I understand that my inability to comply with this part of my treatment program may prevent my provider from prescribing controlled substances further.
- I agree to allow my provider to make appropriate referrals to specialists if my provider feels that this would improve my quality of life. I understand that if my provider feels that I have become addicted to controlled substances, he or she may refer me to a chemical dependency treatment facility.
- I agree to follow my provider's recommendations not to drive or operate machinery if it is determined that it would not be safe for me to do so. I understand that this may occur if my medication dosages change, if new medications are added or if it becomes clear that these medications are likely to impair my thinking, balance, vision or reaction time.
- I agree to take my medication exactly as prescribed and will not increase my dose at any time without being instructed to do so. If symptoms are not being managed effectively, I will contact my provider.
- I agree not to abruptly discontinue my controlled substance medications without informing my prescribing provider. I understand that doing so can lead to a withdrawal syndrome which may be particularly uncomfortable and in severe cases can lead to a life-threatening seizure.
- I agree not to "share" medicine prescribed for me with others. I also agree not to use medicine prescribed for others, even if it is the same medicine that was initially prescribed for me.
- I agree to be respectful towards my healthcare team and their staff.
- **For palliative care patients ONLY:**

- Controlled substances will not be refilled any earlier than 48 hours prior to the end of the prescription.
- An in-person visit may be required before providing or adjusting medications. This determination will be at the provider's discretion and may require urine drug screening and pill counts.

If I am unable to comply with any of the above agreements, my treatment plan will be reassessed to maximize safety and effectiveness. This will involve meeting with my prescribing provider to determine a new treatment which may include changing, tapering or discontinuing my medication or referral to a specialist. Violating this agreement may also cause your provider to resign from your care, after appropriate discussion and notification in writing.

Patient Signature: _____

Date: _____

Parent or Legal Guardian: _____

Date: _____