

**Department of Medicine**

Internal Medicine Suite  
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Long-Term Controlled Substances Therapy for Chronic Pain  
Treatment Agreement

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of substances such as opioids (narcotic analgesics), benzodiazepines, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of developing an addictive disorder or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have the potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the physician whose signature appears below or his/her clinic partner(s): \_\_\_\_\_  
(Multiple sources can lead to untoward drug interactions or poor coordination of treatment.) Please note that as this is a resident clinic, the actual prescription may be written by one of the supervising physicians working with the physicians listed above.
2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:  
\_\_\_\_\_  
Phone: \_\_\_\_\_
3. You are expected to inform our office of any new medications or medical conditions and of any adverse effects you experience from any new medications you take.
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
5. You must take these medications as prescribed. Do not take a higher dose or more frequent doses than you are prescribed without contacting your physician to discuss your symptoms and to get instructions regarding any adjustments to your medication regimen.
6. Early refills will not be given. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.

7. These drugs should not be stopped abruptly, as withdrawal syndrome will likely develop.
8. You may not share, sell, or otherwise permit others to have access to these medications.
9. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescriptions. They should not be left where others might see or otherwise have access to them.
10. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
11. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
12. Original containers of medications should be brought in to each office visit.
13. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
14. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at multiple pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral or further specialty assessment.
16. Renewals are contingent on keeping scheduled appointments. Medications cannot be refilled after hours or on weekends. Please plan ahead to ensure you have follow up with your physician or his/her clinic partner(s) for medication refills.
17. It should be understood that any medical treatment is initially a trial and that continued prescription is contingent on evidence of benefit.
18. The risks and potential benefits of these therapies are explained elsewhere, and you acknowledge that you have received such explanation.
19. 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 of its terms.

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Physician Signature

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Patient Signature

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Date

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Patient Name (Printed)