

Gateway Spine & Pain Physicians Medication Management Agreement

The purpose of this agreement is to protect your access to medications, to protect our ability to prescribe to you, and to ensure your safety and maximum benefit from the medications.

- I understand that if I am pregnant or become pregnant while taking any medications, I will notify my physician immediately.
- I agree to take my medications strictly as ordered, unless I get specific instructions from my physician or nurse to alter my dosage schedule.
- I understand that it is illegal to allow anyone else to use my medications.
- I will not operate motor vehicles, or serve in any capacity related to public safety if my medications impair my alertness, coordination, or judgement.
- I understand that if I do not abide by these regulations, I may be discharged from this practice.
- I understand my medications will be continued only if the medications significantly improve my ability to function, the side effects are not interfering significantly with the benefits of the medication, and I demonstrate consistent and effective use of non-pharmacological techniques for self-management of chronic pain.
- I understand that it is the responsibility of the patient/guardian to give GSPP at least 5 days advance notice when new medications or medication refills will be needed. I understand that any requests for medication made with fewer than 5 days notice may not be granted.
- I understand that refills will not be granted after business hours or weekends.
- I understand that opioid analgesics and adjuvant analgesic medications may be controlled substances, which are restricted legally as to prescription, use, and distribution
- I will inform my physician of any current or past substance abuse, or any current or past substance abuse of any immediate member of my immediate family.
- I understand that opioid analgesics may cause physical dependence, complications upon withdrawal, sedation, respiratory depression, and death.
- If I have developed an abuse or addiction problem with opioid analgesics, adjuvant analgesic medications, or both, I agree to be assessed and to comply with all recommended treatment.
- I understand that the staff at Gateway Spine and Pain Physicians may need to count my pills and/or test my urine randomly to make sure I am using my medications properly.
- I agree that my prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists and other professionals who provide my health care for purposes of maintaining accountability.
- I will not allow anyone else to have, use, sell, or otherwise have access to these medications and that unauthorized use may lead to hazardous or lethal side effects.
- I understand that tampering with a written prescription is a felony and I will not change or tamper with the written prescription.
- I will take my medication as prescribed and I will not exceed the maximum prescribed dose.
- I will keep my scheduled appointments in order to receive medication renewals.
- I understand that any medication is contingent on whether my physician believes that the medication usage benefits me.
- I understand that there are no early refills or placement of lost or stolen opioid analgesics and adjuvant analgesic medications for any reason whatsoever.
- I am aware that attempting to obtain controlled substance under false pretenses is illegal.
- All controlled substances must come from a physician in this office and from one pharmacy only:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone: _____

I affirm that I have full right and power to sign and be bound by this agreement and that I have read, understand, and accept all of the above terms.

Patient Signature: _____

Date: _____

Patient Printed Name: _____