

8. I understand that my medication(s) will be refilled on a regular basis. I understand that my prescription(s) and my medication(s) are exactly like money. I am responsible for keeping my pain medication in a safe and secure place, such as a locked cabinet or safe. Stolen medications should be reported to the police and to my physician immediately. *If either are lost or stolen, they WILL NOT be replaced.*
9. Refill(s) will not be ordered before the scheduled refill date. However, early refill(s) are allowed when I am traveling and I make arrangements in advance of the planned departure date. Otherwise, I will not expect to receive additional medication(s) prior to the time of my next scheduled refill, even if my prescription(s) run out. Only my prescribing physician or his/her surrogate can decide to increase my medication(s) dosage. I understand that self-medicating will result in running out of my medication(s) early and that I will not be granted an early refill.
10. I understand that I am responsible for providing 48 to 72 hours notice on any refill(s). I understand that if I make a refill request after 12:00 pm it will not be processed until the following day, and that refill request(s) will not be taken on Fridays, weekends, or holidays since the on-call physician cannot prescribe these safely for me.
11. I understand that there are side effects with controlled substances which may include, but not exclusively, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, or the possibility of impaired cognitive and/or motor ability. Overuse of controlled substances can cause decreased respiration.
12. If I have a history of alcohol or drug misuse/addiction, I will notify the physician of such history since the treatment with controlled substances for pain may increase the possibility of relapse. A history of addiction does not, in most instances, disqualify one for treatment of pain with controlled substances but starting or continuing a program for recovery is a must.
13. If the responsible legal authorities have questions concerning my treatment, as might occur, for example if I obtained medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to Pinnacle Pain Medicine records of controlled substances administration. In the event that I am arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given to you.
14. I hereby give my physician permission to discuss all diagnostic and treatment details with my other physician(s) and pharmacist(s) regarding my use of medications prescribed by my other physician(s) and agree to allow my physician to contact any healthcare professional, family member, pharmacy, legal authority, or regulatory agency to obtain or provide information about my care or actions, if the physician feels it is necessary.
15. I agree to submit to urine and/or blood screens to detect the use of non-prescribed and prescribed medication(s) at any time and without prior warning. If I test positive for illegal substance(s), such as marijuana, amphetamines, cocaine, etc., this may be grounds for termination of the doctor/patient relationship at the sole discretion of my physician. If I decide not to provide a urine sample, I understand that my physician may change my treatment plan, including safe discontinuation of any controlled substances when applicable or complete termination of the doctor/patient relationship. Urine drug testing is not forensic testing, but is done for my benefit as a diagnostic tool and in accordance with certain legal and regulatory materials on the use of controlled substances to treat pain. I accept responsibility for the cost of the urine drug test in the event that my healthcare coverage will not cover the cost of this test.
I am also aware that my physician may refer me to the on-staff professional counselor, or that a consult with, or referral to a qualified professional, such as an addictionologist, or a professional who specializes in detoxification and rehabilitation and/or cognitive behavioral therapy/psychotherapy may also be provided if my physician feels it is necessary.
16. I understand that any evidence of drug hoarding, acquisition of any controlled substances from other physicians (which includes emergency rooms), uncontrolled dose escalation or reduction, loss of prescriptions, or failure to follow the agreement may result in termination of the doctor/patient relationship.