



TREATMENT AGREEMENT – CONDITION TERMS FOR TREATMENT

The primary goal of treatment is to improve function, improve quality of life, decrease pain, and to improve the ability to return to work and/or school. Additionally, we hope to improve pain-associated problems such as sleep disturbance, depression, and anxiety while avoiding unnecessary and excessive use of medications. We hope to improve your ability to physically exercise, be more able to be functional in your daily life, and to be able to participate in more social activities that you find pleasurable. Ultimately, we hope to manage your pain in the safest way possible.

Although narcotic pain relievers are useful in the treatment of pain, they also have potential for misuse. Prescriptions are monitored by local, state, and federal governments, as well as insurance companies and your pharmacy. The providers at Randy Long MD require that you agree to the following conditions in order to safely prescribe narcotic pain relievers or other controlled substances:

1. I have never been diagnosed with, treated, or arrested for substance abuse or trafficking.
2. I have never been involved in the sale, illegal possession, dispersion, or transport of controlled substances (narcotics, sleeping pills, nerve pills, pain pills) and am not under investigation or have been arrested for such activities.
3. I certify I am not seeking care at Randy Long MD as part of any ongoing investigation or under threat of prosecution unless I do so.
4. **(FEMALE ONLY) - I certify that I am not pregnant.** I agree and understand that it is my responsibility to notify Randy Long MD immediately if I am planning a pregnancy or believe that I may be pregnant and I agree not to take any medication without the approval of my OB-GYN doctor if I am pregnant.
5. I certify that I am a legitimate patient needing legitimate care and not making this appointment for abuse, diversion, or monetary gain.
6. I certify that I have not provided misleading or false information or false medical history to the referring provider or to any provider at Randy Long MD and that I am not seeking treatment under false pretenses. I understand that providers base at least 50% of their treatment on history and if it is found that I have provided false statements I may be released as a patient of this clinic.
7. I understand and agree that the purpose of treating chronic pain is to improve function, improve quality of life, decrease pain, and to improve my ability to return to work and/or school.
8. I agree to set goals including, but not limited to, improved function, improved quality of life, decreased pain, and the ability to return to work and/or school.
9. I agree to comply with the full treatment plan recommended by Randy Long MD including diagnostic tests, counseling, physical therapy, occupational therapy, interventions including injections and other procedures, exercise programs, massage therapy, and other physician consultations.
10. I agree to supply Randy Long MD with the name, address, and telephone number of the pharmacy that is filling my prescription for pain medication.

11. I agree to have my pain medications only prescribed by Randy Long MD providers and filled by only one pharmacy unless the designated pharmacy is closed or out of my prescribed medications. In the event of an emergency requiring another provider to prescribe additional pain medications or to have my medications filled at a different pharmacy I will notify Randy Long MD on the next business day.
12. I allow Randy Long MD to call other pharmacies to confirm any dispensing at their facility in addition to my primary pharmacy.
13. I authorize any pharmacy of record to release any and all information to the provider and/or nursing staff of Randy Long MD upon their request.
14. I agree to take the medication only and exactly as prescribed by the provider at Randy Long MD. I agree not to share the medication with other individuals. I agree that medications will only be prescribed if on my plan formulary.
15. I will not drink alcohol or take any other non-prescribed street drug with controlled medications.
16. I agree to urine drug testing at every visit and agree not to use Vicks inhalers, poppy seeds, and cough/cold remedies as these may cause false positive results. I also agree to return to the clinic at the request of Randy Long MD providers/staff for random drug testing at any reasonable time.
17. I understand that each prescription is for a specific number of pills and designed to last a certain period of time.
 - a. I understand that no early refills will be given since each prescription should last until the next scheduled visit.
 - b. I understand that medications will not be replaced if they get wet, are destroyed by any mechanism including fire or flood, left on an airplane, etc.
 - c. I understand a police report will need to be made to replace any medication that has been lost or stolen.
 - d. I understand that if the medications prescribed causes adverse reactions, I am to stop the medicine immediately and inform provider. I will also bring the unused medication to next office visit.
 - e. I understand that an accurate diagnosis requires an accurate history, physical exam, and may require imaging. Therefore, treatment recommendations are not made over the phone but only in person after being seen by a provider.
 - f. I understand that no refills for pain medications will be authorized over the phone or without a scheduled office visit.
 - g. I agree that I will not seek pain medication at night, on weekends, on holidays, or prior to the next scheduled visit.
18. I agree not to obtain pain medication from any other providers except in the case of an emergency and will notify Randy Long MD the day after such emergency.
19. If I believe my pain medication dosage should be changed, I agree to make an appointment to discuss this with the provider at Randy Long MD. I will not change my dosage on my own.
20. If the provider asks me to cease use of a controlled substance and he/she suspects I am continuing to use it, I permit Randy Long MD to pursue remedies which will disable my driving privileges.
21. I understand that the providers at Randy Long MD may stop my treatment and cancel any prescriptions for any, but not limited to, the following reasons:
 - a. I give, sell, or misuse the pain medication.
 - b. I fail to keep appointments.
 - c. I fail to reach goals such as improved function and decreased pain levels.
 - d. I attempt to obtain pain medication at night, on weekends, on holidays, sooner than my next office visit, from any other provider except in a true emergency, or from any other source.
 - e. I am released from our clinic for any reason.
 - f. My urine drug screens show substances that suggest it is dangerous to continue my pain medications.

22. I understand obtaining controlled medications from more than one healthcare provider or dentist is a felony except in the case of an emergency.
23. I understand that I should take the least amount of controlled medications to reach my goals and should never exceed the prescribed amount.
24. I understand that I should never discontinue my controlled medications except under orders of a medical provider. I understand that it is dangerous to stop these types of medications on my own without slowly tapering over several weeks.
25. I understand that I should take the least amount of any medication to reach disease state goals especially for chronic pain as these types of medications are potentially dangerous.
26. I understand that all medications and any refills will be canceled immediately if an unsatisfactory psychological test is obtained, any suspicious information is given to us, or an investigation is initiated by anyone suggesting potential violations of this contract. We will make every effort to make sure these concerns are valid.
27. I understand that I must have a working telephone in order to continue care at Randy Long MD. Three attempts will be made to contact me by telephone using the number I gave to the clinic. Failure to reach me may result in dismissal from Randy Long MD.
28. I agree that Randy Long MD providers/staff may cancel my medications at any time without cause and without warning for any medical or non-medical reason and even without a specific reason. I agree to schedule visits with my primary care provider and mental health provider immediately if medications are canceled or treatment discontinued.
29. I will bring medications prescribed by Randy Long MD in its original container to **each** office visit to be counted. It is recommended that you lock up your medication to ensure that it does not fall into the wrong hands.
30. I agree to keep all scheduled appointments at Randy Long MD and that excessive rescheduling or missed appointments will result in discharge from this practice. If I am unable to keep an appointment, I will give at least 24-hours advance notice.
31. I understand that I will be charged \$100 for all appointments for which I am over 30 minutes late or do not cancel 24 hours in advance.
32. Neither I nor anyone with me will bring concealed weapons, tape recorders, cameras, or other devices into the clinic or parking lot.
33. I understand there is a strong likelihood that I will develop tolerance and that the pain medication will no longer reduce my pain.
34. I understand I may become physically dependent and go through withdrawal if the medication is stopped.
35. I understand there is a risk of opioid misuse, dependence, addiction, and overdose.
36. I am aware that some patients become addicted to narcotic medications. I agree to see an addictionologist if my provider sees evidence of possible addiction.
37. I understand there is a risk of impaired motor skills affecting driving and other tasks.
38. I understand it is not safe to drive or operate machinery while taking controlled medications until I have evaluated how this medication affects my alertness, dexterity, other functions, and safety awareness.
39. I will adhere to the advice of the providers regarding the operation of motor vehicles and any other machinery. If Randy Long MD witnesses or is able to validate information of my driving under the influence (i.e. drugs or alcohol), I authorize Randy Long MD to notify the authorities and will not hold anyone associated with Randy Long MD liable for any damages that may occur.

40. I understand that controlled medications such as codeine, Tylenol #3, Methadone, Morphine, MS Contin, Kadian, Avinza, Percocet, Tylox, Oxycodone, OxyContin, Roxicet, Darvon, Darvocet, Dilaudid, Lortab, Lorcet, Vicodin, Valium, Xanax, Soma, Ambien, Ativan, Fiorinal, Restoril, Hydrocodone, Opana, Buprenorphine, Suboxone, etc. have risks associated with their use such as drug interactions, constipation, trouble thinking, respiratory depression, death, addiction, drowsiness, allergic reactions, and I agree to discuss all risks/side effects with my pharmacist, family members, primary care physician, Randy Long MD providers, and any other treating providers before and during treatment.
41. I understand the risk of drug interactions and over-sedation including the increased risk of respiratory depression increases with conditions like obesity, sleep apnea, and chronic obstructive pulmonary disease (COPD and emphysema). The use of benzodiazepines (Xanax, Ativan, Valium, Klonopin) with opiates (especially with any of the other conditions listed) substantially increases the likelihood of bad outcomes. **IT IS IMPORTANT TO NOTE THAT USING CONTROLLED SUBSTANCES WITH ALCOHOL AND BENZODIAZEPINES IS EXTREMELY UNSAFE.**
42. I understand that impaired control, craving, compulsive use, continued use despite negative consequences, inability to take medications as prescribed, isolation from friends and family, doctor shopping, using illegal drugs, intoxication, apathy, depression, noncompliance, and inability to function represent an abnormal behavior pattern. I agree to notify Randy Long MD if I experience any of these occurrences and that I may be required to taper and discontinue controlled medications and seek psychiatric or addiction treatment.
43. I understand that not taking medications as prescribed or over-dosing on medications may cause death.
44. I am aware that certain other medications such as nalbuphine (Nubain™), pentazocine (Talwin™), buprenorphine (Buprenex™, Suboxone™, Zubsolv™) and butorphanol (Stadol™) may reverse the action of the narcotic medicine I am using for pain control. Taking any of these other medications while I am taking my pain medications can cause withdrawal. I agree not to take any of these medications and to tell all other healthcare providers that I am taking an opioid as part of my pain management and should not take any of the medications listed above.
45. I realize pain medication may interfere with endocrine function and produce interference with libido, sexual function, etc. and I agree to see my primary care provider or endocrinologist if I have any of these problems.
46. **(Males only)** I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire, and physical and sexual performance. I understand that my provider may have blood drawn to evaluate my testosterone level.
47. I agree to seek immediate psychiatric care, notify Randy Long MD, and notify my primary care provider if I develop any feelings of hopelessness, suicidal thoughts, or desire to hurt myself or others. I will also return all medication to this clinic.
48. I will notify Randy Long MD if I have a serious reaction to medication or a severe pain problem. If emergency assistance is required I will call 911 and seek immediate medical attention.
49. I agree to allow my provider/staff at Randy Long MD to send a copy of this agreement to my pharmacy, referring provider(s), and any other provider involved in my care. I agree to allow the provider at Randy Long MD to discuss my care freely with other providers involved in my care.
50. I authorize Randy Long MD to release my records to narcotic detectives, DEA agents, or other legal authorities and will hold Randy Long MD harmless.
51. I authorize Randy Long MD to obtain my narcotic profile from the DEA and state agencies.
52. I authorize the release of all past, present, and future records to anyone I have given my written authorization to receive said medical records.
53. I understand that I may be required to submit to psychological/psychiatric evaluation and release this information as part of any medical records request.

- 54. I will discuss my diagnosis and treatment with my family, primary care provider, mental health provider, and other providers involved in my routine care. If they are not in agreement I will discontinue treatment and notify Randy Long MD.
- 55. I agree to a family conference or a conference with a close friend or significant other if the provider feels it is necessary.
- 56. I agree to discontinue my pain medications if I do not reach at least one of my goals of decreased pain, improved function, and the ability to return to work and/or school.
- 57. I will notify Randy Long MD if I have been or are currently receiving treatment from an addiction clinic, pain clinic, or mental health provider.
- 58. I agree to notify the office management if I am dissatisfied with my diagnosis, treatment plan, provider, or any staff member at Randy Long MD. I understand my complaints are to be in writing and hand-delivered before leaving the clinic after the visit in question.
- 59. I have read all the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I have met the conditions and I agree to honor all of the terms unconditionally. I also understand that if I violate any term of this agreement it is cause for the providers at Randy Long MD to refuse further prescriptions and/or treatment. I agree that if I am unable to read or write that these have been verbally explained to my satisfaction.

The above agreement has been explained to me by _____ and I agree to its terms so that my providers at Randy Long MD can provide quality pain management using opioid therapy to decrease my pain and to improve my function.

Patient Signature

Date

Randy Long MD Staff Witness

Date