

PATIENT CARE AGREEMENT

This patient care agreement is between _____ and _____ for the condition of _____.

The medications include_____.

- I will see **only this provider for this medical condition**, unless the provider refers me to another or is out of the office. (Changing primary care providers for this condition can only be made with the approval of the medical director). I will make and keep my appointments with my provider. Missed appointments may result in the **complete stoppage** of this medication. The prescription for the controlled medication is not guaranteed.
- I will use only one pharmacy for this medication: _____
- I will not share this medication.
- Lost or stolen medications or prescriptions may not be replaced.
- Pharmacy records may be reviewed to confirm prescriptions.
- Urine samples will be required at **every visit**. If it is suspected that the urine is diluted or tampered with, my provider may chose to stop prescribing my controlled medications.
- I will not drink any alcohol, take any street drugs, or use any non-prescribed controlled substances while I am on this medication. If I have used or am using any of these substances, I will go to _____ program _____ times weekly monthly and give **written proof** to my provider.
- Medications will only be refilled during office hours, by appointment with my provider.
- Disruptive behavior or threats toward staff and/or clients will result in discontinuation of the medication.
- I understand that if I break this agreement, my provider may stop prescribing these medications. No other provider at this site will prescribe this medication.
- My provider has the right to stop prescribing this medicine if he/she decides that it is not helpful for my problem or is harming me.
- Controlled Medications have side effects such as sleepiness, poor concentration, and constipation, may be addictive, and may affect driving ability.
- My goal (regarding my pain) is _____

Additional Comments _____

Patient Signature _____ Date _____/_____/_____

Provider Signature _____ Date _____/_____/_____