



Pain or Addiction Treatment with Opioid Medications: Patient Agreement

I _____, understand and voluntarily agree that (initial each statement after reviewing):

I will keep (and be on time for) all my scheduled appointments with the provider and if I can't make my appointment, I will give 1 hour notice BARE MINIMUM _____. After 1 "no-show", I will be charged \$10 to make an appointment, which may be applied to my co-pay if I show up to my next appointment.

If the medicine/script is lost or stolen, I understand it will not be replaced. Medications can not be refilled early _____

I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped. _____

I will not sell this medicine or share it with others. I will be upfront and honest about my drug use and struggles. **I will not attempt to fake a drug screen. If I do, my treatment will be stopped**_____

I understand that my drug screen is sent to a lab for confirmation, which has the ability to detect synthetic urine, old urine, and all medication I should or should not be taking. They notify the clinic if a patient has submitted a urine sample that is not theirs _____

I give full permission for the provider to speak about my treatment and share my personal information with other providers *who have a legitimate need to know*, such as other family practice providers, specialists, pain clinics, therapists, probation officers, etc. who are involved in my care. _____

I agree not to go to other providers to ask for controlled substances, unless this agreed upon ahead of time _____.

I will use only one pharmacy to get all on my medicines: Pharmacy name / location

Signed _____ Date _____