



Oklahoma Joint Reconstruction Institute

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PATIENT-PROVIDER AGREEMENT FOR ACUTE PAIN TREATMENT

Acute Pain Definition: Pain, whether resulting from disease, accidental or intentional trauma, surgery or other cause, that the practitioner reasonably expects to last only a short period of time. "Acute pain" does not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care. The state of Oklahoma defines this period of time to last a maximum of two weeks.

I agree to the following:

1. Your treating physician has prescribed you opioid pain medication as part of your treatment plan to manage your acute pain.
2. The pain you are experiencing may be improved, but not eliminated, with the use of these opioid medications. Opioids are a type of powerful pain medication often called narcotics. They can be very useful in managing pain but have a high potential for dependency and addiction.
3. Once opioid pain medications are prescribed, you will be required to have regular office visits to assess your pain status and monitor your compliance with this agreement. Your medications will not be phoned in should you be unable to keep these appointments.
4. Pain medications are strictly for your own use. The medication should not be given or sold to others because it may endanger that person's health and it is against the law.
5. This office fills pain medications for **surgical patients only**. They are not filled indefinitely. Your doctor will taper your medications for discontinuation. If discontinuation is not possible, or you are not a surgical candidate, you will be referred for long-term pain management.
6. Your treating physician is to be the only physician who prescribes opioid pain medications to you unless otherwise approved by the treating physician.
7. It is your responsibility to notify us of any other physician who is prescribing opioid pain medications to you. It is also your responsibility to inform other physicians that we are prescribing and managing your opioid pain medications.
8. Individuals must be aware that "doctor shopping" is viewed as narcotic drug seeking behavior and is not tolerated. Should this type of behavior occur, your opioid pain medications will not be refilled, and you will be dismissed as a patient.
9. Excessive calls requesting pain medications, or an increase in the dose or frequency of your pain medications is viewed as drug seeking behavior and is not tolerated. You will be asked to make an appointment to see the doctor before any changes are made.
10. Pain medication refill request are taken and called in **MONDAY through Friday from 8:00 AM to 3:30 PM ONLY**. **PRESCRIPTION REFILLS ARE NOT TAKEN OR CALLED IN ON SATURDAY, SUNDAY, HOLIDAYS OR AFTER HOURS FOR ANY REASON.**
11. Opioid medications carry a high potential for abuse and addiction. Therefore, federal and state law carefully regulates dispensed or written prescriptions for opioid medications. Forging or altering an opioid prescription, or distribution medications to others for their use or for money, is a crime. Such behavior is not tolerated. You will be dismissed as a patient and reported to appropriate authorities.
12. Lost, stolen or misplaced prescription medications **ARE NEVER REPLACED – NO EXCEPTIONS**. Your medications and prescriptions are your responsibility. You should store opioid medications in a secure location to prevent others from taking them and safely dispose of them when you are no longer using them.
13. There are several risks of opioid medications that your treating physician has discussed with you. Some of those risks include sleepiness or drowsiness, impaired mental or motor ability, slowing of breathing rate, skin rash, constipation, sexual dysfunction, sleep abnormalities, sweating, swelling, physical or psychological dependence, tolerance to analgesia (meaning you require more medicine to get the same pain relief), and addiction. Opioid medications are highly addictive even when taken as prescribed. Overdose of opioid pain medication can lead to breathing difficulty and even death. Taking more opioid medication than prescribed or mixing opioid medication with alcohol, sedatives, benzodiazepines, and other central nervous system depressants is highly dangerous and can be fatal. It is your responsibility to inform your treating physician about all other medicines you are taking.
14. You should not drive an automobile or operate any machinery when taking opioid medications.
15. Your treating physician has discussed with you alternative pain management approaches that may be available to manage your pain instead of taking opioid pain medications and the risks and benefits of the alternatives.
16. If you break any of the rules described in this agreement, or your physician decides that the medicine is hurting you more than helping you, this medicine will be stopped by your physician in a safe way and no refills will be made. Further, your physician may dismiss you as a patient of the practice and ask you to select another physician. Any violation of this agreement or counseling received regarding violations will remain a part of your permanent medical record. This agreement will remain enforced during the entire course of your treatment plan.

PRESCRIPTION REFILL POLICIES:

- You understand that you **must be assessed by our providers prior to every opioid prescription refill.**
- Refill requests are only accepted Monday – Friday from 8:00 AM to 3:30 PM **No exceptions will be made.**
- **No refill requests will be accepted AFTER 3:30 PM**
- **No refill requests will be accepted on SATURDAYS or SUNDAYS**
- **No refill requests will be accepted ON HOLIDAYS**
- You understand that IT IS YOUR RESPONSIBILITY to monitor your pain medication. **Early refills are not permitted**
- You understand that IT IS YOUR RESPONSIBILITY to check with your pharmacy to confirm your refill is ready for pick-up
- You must inform your provider of any changes in other prescribed or OTC medications, medical condition, surgical history, relevant family history, social history, or civil actions related to the use of opioids, narcotics, alcohol, or illegal substances.
- You agree to comply with **medication compliance monitoring** as needed. These include, but are not limited to:
- **Random pill counts** may be required and must be responded to within the given timeframe. If you live outside of a 60-mile radius from our office, your local pharmacy or doctor’s office may perform the requested pill count and report the results to our office. Counts that are inconsistent or failure to comply with a requested pill count will be viewed as non-compliance and may result in dismissal from this practice.
- **Random urine or blood drug screenings** may be requested. Presence of illegal, unauthorized substances, absence of prescribed medications or other abnormal results may result in discontinuation of your controlled medications. Failure or refusal to provide a sample for drug testing will be viewed as non-compliance and may result in dismissal from our practice.
- Should any of the above occur, my entire care with this office will be terminated and I will be reported to law enforcement.

Emergencies

In the event of a new injury or significant change in your condition, please call our office to make an appointment. In the case of a true medical emergency, please go directly to the ER or call 911. Patients are responsible for notifying any other physician they see that they obtain opioids from this office. Patients are responsible for notifying this office of any treatment received by the ER or another physician. Patients must notify this office if opioids have been obtained from another physician.

Prescriptions from Other Doctors

If I see another doctor who gives me a controlled substance medicine (a dentist, a doctor from the Emergency Room, another doctor, etc.), I must bring this medicine to the office in the original bottle, even if there are no pills left. I am not to seek or accept medications from other providers without my doctor’s permission.

Termination of Agreement

If I break any of the rules, if my drug test results are inconsistent with treatment prescribed by my doctors, or if my doctor decides that this medicine is hurting me more than helping me, this medicine will be stopped by my doctor in a safe way and no refills will be made. Further, my physician may dismiss me as a patient of the practice and ask me to select another physician. Any violation of this contract or counseling received regarding violations will remain a part of my permanent medical record. This contract will remain enforced during the entire course of my treatment plan.

INFORMED CONSENT

I, _____, have been informed and clearly understand the above listed issues regarding the treatment of pain with opioid pain medications for both acute and chronic conditions. I acknowledge that I have read and understand this agreement. The pain management treatment plan has been discussed, understood, and agreed to myself and my physician. All questions or concerns have been answered or addressed to my satisfaction. I also understand that I have the right to talk about this agreement with my physician. I understand the reason why this prescription is necessary, the alternative methods of treatment, the possible risks involved, and the possibilities of complications have been explained to me and I still desire to receive medications for the treatment of my pain. I agree to comply with the terms contained herein and understand that failure to do so may result in termination of the physician/patient relationship and/or termination from this medical practice. I understand that this agreement will be filed in my chart as part of my permanent medical record.

Patient Signature Patient Printed Name ***** Date

Witness Signature Witness Printed Name Date

Dr. Paul B. Jacob Date