

PAIN MEDICATION (OPIOID) TREATMENT AGREEMENT

ROBYN K. SATO, D.O.

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(714)738-5525 – FAX (714) 738-1352

PURPOSE: The purpose of this agreement is to give you information about the medications you'll be taking for pain management and to assure you that your physician you and your physician comply with all state and federal regulations concerning the prescribing of controlled substances. A trial of opioid therapy can be considered for moderate to severe pain with the intent of reducing pain and increasing function. The physician's goal is for you to have the best quality-of-life possible given the reality of your clinical condition. The success of treatment depends on mutual trust and honesty in the physician-patient relationship in full agreement and understanding of the risks and benefits of using opioid pain medication to treat pain.

This document is an agreement between _____, Patient, and Robyn Sato, D.O., Physician. Patient agrees to the policies as listed below to manage his/her chronic pain, which has resisted other treatment.

1. You should use **one physician** to prescribe and monitor all opiate medications and it's adjunctive analgesics.
2. You should use **one primary pharmacy** to obtain all opiate prescriptions and adjunctive analgesics prescribed by your physician. If medications are not available at one pharmacy, please list the medications that will be filled at another pharmacy, if not available at your primary pharmacy.

Primary Pharmacy: _____ Phone: _____

Secondary Pharmacy: _____ Phone: _____

Medications: _____

3. You should inform your physician of all medications you are taking including herbal remedies, since opioid medications can interact with over-the-counter medications and other prescribed medications especially cough syrup that contains alcohol, codeine and or hydrocodone.
4. You will be seen on a regular basis and given prescriptions for enough medications to last from appointment to appointment plus usually two or three days extra. This extra medication is not to be used without the explicit permission of the prescribing physician unless an emergency requires your appointment to be deferred one or two days.
5. **Prescriptions for pain medication or any other prescriptions will be done only during office visits or during regular office hours.** Refills of medications may not be made during the evening or weekends. Most opioid pain medications require a handwritten prescription.
6. You must bring back all opiate medications and adjunctive medications prescribed by your physician in the original bottles at the request of the physician.
7. **You are responsible for keeping your medications in a safe and secure place** such as a locked cabinet or safe. You are expected to protect your medication from loss or theft. Stolen medication should be reported to the police and your physician immediately. If your medications are lost, misplaced, or stolen your physician may choose **not to replace the medications, taper or discontinue those medications.** Your physician may require a copy of your police report.

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8. You may not give your medications to any other person under any circumstance. If you do, you may endanger that person's health. It is also against the law.
9. Any evidence of acquisition of any opiate medication or adjunctive analgesia from other physicians, uncontrolled dose escalation or reduction, loss of prescriptions or failure to follow the agreement may result in termination of the doctor-patient relationship.
10. You will communicate fully to your physician to the best of your ability at the initial and all follow up visits your pain level and functional activity along with any side effects of the medication. This information allows your physician to adjust your treatment plan accordingly.
11. You should not use any illicit substances such as cocaine, heroin or methamphetamines while taking these medications. This may result in the change in your treatment plan including safe discontinuation of your opiate medication or when applicable or complete termination of the doctor patient relationship. If you have a license to use marijuana for medical purposes it will be provided to our office.
12. The use of alcohol and opiate pain medication is not recommended. Alcohol and opiate pain medications interact to produce increased sedation and risk of death. If you drink alcohol with pain medications your doctor may change your treatment plan including tapering down or discontinuing your opiate pain medication.
13. You agree and understand that your physician reserves the **right to perform random or unannounced urine drug screening**. If requested to provide a urine sample you agree to cooperate.

Call In: You may be required to come into our office with 24 hours notice, give a urine sample and bring in all of your medications.

If you decide not to provide a urine sample you understand your doctor may change her treatment plan including safe discontinuation of your medications when applicable or complete termination of the doctor-patient relationship.

The presence of non-prescribed drugs or illicit drugs in the urine can be grounds for termination of the doctor-patient relationship. Urine drug testing is not forensic testing that is done for your benefit and as a diagnostic tool in accordance with legal and regulatory materials and the use of controlled substances to treat pain.

14. There are risks and side effects with opiate therapy that may include but not exclusively: skin rash constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, possibility of impaired cognitive and motor ability. **Overuse of opiates can cause death and respiratory failure.**
15. Physical dependence and or tolerance can occur with the use of medication.

Physical Dependence means that if opiate pain medications are abruptly stopped or not taken as directed withdrawal symptoms can occur. This is a normal physiologic response. Withdrawal symptoms could include but not exclusively: sweating, nervousness, abdominal pain, cramps, diarrhea,

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goosebumps alterations in one move on one's mood. *It should be noted that physical dependence is not equal to addiction.*

Addiction is a primary chronic neurobiological disease with genetic, psychosocial impairment and environmental factors influencing its development and manifestation. It is characterized by behavior that includes one or more the following: impaired control over drug use, compulsive use, continued use despite harm and cravings. This means the drug decreases one's quality of life.

Tolerance means a state of adaptation in which exposure to the drug induces changes that result in the diminution of one or more of the drug's effects over time. The dose of opioid may have to be titrated up or down to a dose that produces maximum function and *a realistic* decrease of the patient's pain.

16. If you have a history of alcohol or drug use, misuse or addiction **you must notify the physician of such history** since treatment with opiates for pain may increase the possibility of relapse of addiction does not in most circumstances disqualify one for opiate treatment for pain but starting and continuing a program for recovery is a must.
17. You agree to allow your physician to contact any healthcare professional, family member, pharmacy, legal authority or regulatory agency to obtain or provide information but your care or actions *if the physician feels that it is necessary.*
18. You agree to family conference or conference with a close friend or significant other if the physician feels it is necessary.

The above agreement has been explained to me by and I agree to its terms so that Dr. Robyn Sato or her associates can provide quality pain management using opioid therapy to decrease my pain and increase my function.

Patient's Signature _____ **Date** _____

**Physician or
Physician Assistant
Signature** _____ **Date** _____