



# LMU - DeBusk College of Osteopathic Medicine, Department of Outpatient Services

## University Medical Clinic

165 Westmoreland Street, PO Box 4408

Harrogate, Tennessee 37752

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### Contract for Controlled Substance Prescriptions

Controlled Substance medications, i.e., narcotics, tranquilizers and barbiturates, are very useful but have a high potential for misuse and are, therefore, closely controlled by the local state and federal government. They are intended to relieve pain and improve function and/or ability to work and not just to make one "feel good." Because my physician is prescribing such medication for me to help manage my condition, I agree to the following conditions:

1. I am responsible for my controlled substance medications. If the prescription of medication is lost, stolen, or misplaced, or if I use it up sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from Outpatient Services. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted to the hospital.
3. Refills of controlled substance medication:
  - a. Will be done only during regular office hours. I will make a scheduled appointment every one to two months for an office visit or will come to the office to pick up a written prescription in the case of certain types of medications.
  - b. Will not be done if I run out of my medication early. I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
  - c. Will not be done on an "emergent basis" or on weekends. 24 hours notice is required for refills if I do not have an appointment with Outpatient Services.
4. I will bring in container(s) of all medications prescribed by Outpatient Services each time I am seen even if there is no medication remaining. These containers will be the original from the pharmacy for each medication. Random urine drug screens may be obtained at your physician's request. Chronic prescriptions will be discontinued permanently if the drug you are prescribed is not present in the sample and/or an illicit substance is detected.
5. I understand if I violate any of the above conditions, my controlled substance prescription and/or treatment with Outpatient Services may be ended immediately. If the violation is obtaining controlled substances from another healthcare provider, as described above, I may also be reported to other healthcare providers, medical facilities, and other authorities.
6. I understand that the main treatment goal is to improve my quality of life and ability to work. In consideration of that goal(s) and the fact that I am being given potent medication(s) to help me reach that goal, I agree to help myself by following better health habits, i.e., exercise weight control, and the non-use of tobacco and/or alcohol. I understand that only through following a healthier lifestyle can I hope to have the most successful outcome to my treatment.

I have been fully informed by Outpatient Services or their staff regarding the psychologic and physical dependence properties of controlled substances. I know that some people may develop a tolerance to these types of medications, which is the need to increase the dose of the medication to achieve the same effect, and I do know that I may become physically dependent on certain medications. I understand that withdrawal symptoms may occur if I abruptly discontinue these types of medications. If the medication is discontinued, the medication dosages should be reduced in an orderly manner or the risk of drug withdrawal symptoms exist. This weaning process has to be under the direction of a physician.

I have read this contract and it has been explained to me by Outpatient Services or their office staff. Additionally, I fully understand the consequences of violating this contract.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date