



PRESCRIPTION REFILL POLICY

- No prescriptions will be filled on Fridays, Saturdays, Sundays, holidays, or evenings.
- Our office requires 3 business days minimum to process prescription(s) renewals, and/or pick-up requests.
- The patient is responsible for knowing when medication(s) will need to be refilled. (NO EARLY REFILLS)
- Prescription phone-in/pick-up times are Monday - Thursday from 8:00 a.m. to 3:00 p.m.
- Prescriptions will not be filled for unauthorized "walk-in" patients.
- Non-controlled/non-narcotic prescriptions require a follow-up appointment every 3-6 months.
- Controlled substances/narcotic prescriptions require a follow-up appointment every 30 days.
- New symptoms and/or events require a clinic appointment. The provider is unable to diagnose via the phone.
- Narcotics agreement must be signed by the patient and is required if you are using narcotic/controlled substances.
- Drug screens will be done on the initial visit a narcotic/controlled substance is given to the patient. They will also be done randomly as long as you are a patient of record with our office. If you are not compliant with this policy you will be discharged from our practice.
- No early refills if the medications are overused/abused/misused. You must follow the prescription directions as stated.
- No medications will be replaced if they are overused. We follow strict guidelines and do not tolerate self-dosing in our office. This is deemed grounds for termination from our practice.
- If your prescription is stolen or lost a police report must be filed with no exceptions. Our office must be notified immediately of the lost/stolen medication, the date it was lost/stolen. We will also require a copy of the police report. No refills will be done without this being completed under any circumstances.
- Medications are prescribed for the individual's use ONLY! It's a violation of your narcotic contract to "share" your medication.
- Patient must pick up his/her prescription(s) in person, unless pre-authorized by the staff.

These protocols are per recommendations of the Colorado Board of Medical Examiners and DEA



We strive to offer the best services and care for each patient in a timely manner. The above rules are essential and necessary to efficiently manage a busy clinic. Thank you in advance for your cooperation and understanding

CPC PATIENT CONTRACT

PLEASE READ EACH ITEM CAREFULLY

Our goal is always to maximize function and to ensure patient safety. We request that you read each item on the subsequent pages and initial that you understand our policies. This must be completed prior to dissemination of and prescriptions for medication management. You will be given a copy of this contract.

Misuse of medications can result in patient harm and even death. CPC has a “no tolerance” policy. This means that any violation of this contract will result in suspension of medication prescriptions for the patient and possible discharge from the practice. You should understand that any violations will become part of your permanent medical record.

You should also understand that there is an opioid crisis in Colorado with more deaths from overdoses of prescriptions than from motor vehicle collisions. The US Drug Enforcement Agency as well as a task force established by the Governor are closely monitoring this situation. All Controlled Substance prescriptions are reported to a statewide database which are in turn reviewed by the providers at CPC for each patient.

All medication adjustments and refills will require a follow-up appointment. Early refills are not permitted. You must select one and only one pharmacy for filling your medications. You must use the pharmacy you have chosen for ALL prescriptions that are prescribed by our doctors. Failure to do so is a violation of the narcotics agreement and you will be subject to discharge from the practice. If you do need to change your pharmacy due to any issue, you must notify our office immediately.

You must take your medications as prescribed; individual escalation of medication doses is not permitted. THC or marijuana (including medical marijuana) is a Schedule 1 drug, currently determined to be illegal in the United States and therefore is NOT permitted for patients receiving controlled substances. You must guard your medications as if they were money. Lost or stolen medications will not be refilled.



Practice Agreement

At CPC, patient safety and functional improvement are among our goals for each patient. Controlled substances are sometimes used to assist in functional improvement but the long-term use of these medications is controversial due to the uncertainty regarding their continued benefit. These medications, however, do have risks including; psychological dependence, physical dependence, prior addiction relapse, sedation, and death. Therefore, to protect you as a patient, we must ensure that each patient understands the risks and responsibilities of using such medications. Strict accountability is necessary to ensure these medications are being used appropriately.

For our patients receiving controlled substances, we require that the following statements be understood and initialed as an agreement between you and CPC.

If for any reason, the patient breaks this agreement, CPC may discontinue providing prescriptions for controlled substances and may also discharge the patient from the practice.

Please initial each item below

1. All Controlled substances for treatment of pain (including narcotics) must come from one provider or covering provider. Multiple sources can lead to untoward drug interactions or poor coordination of treatment.
2. All controlled substances must be obtained at the same pharmacy. Our office is to be notified in writing if a pharmacy is changed.
3. Notify our office of any new medications or medical conditions, and any adverse effects you experience from any of the medications you take.
4. The use of medications is not designed to completely eliminate the pain; but to reduce the pain so that the individual may be able to perform many daily



and social activities. It is hoped that the use of these medications will improve the quality of life, but it is not expected that the pain relief will be complete.

- ___ 5. You may not share, sell, trad, or exchange your medications for; money, goods, services, etc. or otherwise permit others to have access to these medications. You agree to keep these medications in a secure place and/or “locked up”. Treat them like money. Medication diversion will be reported to the authorities.
- ___ 6. It is expected that you will take the highest possible degree of care with your medication(s) and prescription(s). They should not be left where others might see or otherwise have access to them.
- ___ 7. As a crucial component of treating chronic pain, you will generally be expected to participate in an evaluation or continued treatment by psychologists or psychiatrists before or during treatment. Refusal to participate may result in discontinuance of care of controlled substances.
- ___ 8. Since the drugs may be hazardous or lethal to a person that is not tolerant to its effects, especially a child, you must keep them out of the reach of such people.
- ___ 9. It may be requested by a CPC provider that original containers of medications be brought into the office at each visit to document compliance and prevent overuse.
- ___ 10. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacies or other professionals who provide your healthcare.
- ___ 11. I will not use any illegal substances (cocaine, marijuana, etc.) or alcohol while being treated with controlled substances. Violation of this will result in the cessation of the prescribing of any controlled substances and/or other medications. This will result in immediate termination of care at CPC.
- ___ 12. Unannounced screening of your prescription drug history through the Colorado Electronic Prescription Drug Monitoring Program and random urine or serum toxicology screens will be requested by CPC providers to determine compliance with this agreement and pain medication regimen. Tests may include screens for illegal substances, and cooperation is required. Presence of



unauthorized substances may prompt referral for assessment for addictive disorder. Refusal of such testing may subject you to a rapid wean schedule in order for the medication to be discontinued and/or immediate termination of care. No New controlled substances will be prescribed until testing is completed and or results of the test are reviewed.

___13. I realize that it is my responsibility to keep others and myself from harm; this includes the safety of my driving and the operation of machinery. If there is any question of impairment of my ability to safely perform any activity, I will not attempt to perform the activity. I understand that I am advised not to drive, operate heavy machinery, or engage in other activities that may put me and others at risk while taking medication.

___14. I will not alter my medication in any way or use any other auto-delivery (for example: injection, inhalation, insufflations) other than as prescribed by CPC. Long term agents (MS Contin, Oxycontin, Duragesic, methadone, etc.) must be taken whole and are not allowed to be split/cut, chewed, crushed, injected, or snorted, Potential toxicity could occur due to rapid absorption if taken inappropriately, which oftentimes leads to death.

___15. I Understand that the combined use of the various drugs, opiates, tranquilizers, sleeping pills, as well as alcohol, may produce confusion, profound sedation, respiratory depression, blood pressure decrease, and even death.

___16. I understand that changing date, quantity or strength of medications, or altering a prescription in any way, shape, or form, is against the law. Forged prescriptions or altering a provider's signature is also against the law. CPC cooperates fully with law enforcement agencies as well as the Drug Enforcement Agency (DEA) in regard to infractions involving prescription medications. If there is a law violation this will be reported to the patient's pharmacy, local authorities, and DEA. Result will be immediate termination of care at CPC.

___17. I understand that there are potential risks and side effects with taking any medications, including the risk of addiction. Overdoes of opiate medication may cause injury or death by stopping breathing. Emergency personnel may reverse this if they know I have taken opiates or painkillers. It is suggested that I wear a medical alert bracelet or necklace that contains this information and that I carry a list of medications with me. Other possible complications include but are not limited to: constipation, which could be severe enough to require medical



treatment, difficulty with urination, fatigue, drowsiness, nausea, itching, stomach cramps, loss of appetite, confusion, sweating, flushing, depressed respiration, and reduced sexual function.

- ___18. I realize that all medications have potential side effects, and interactions. I understand and accept that there may be unknown risks associated with the long-term use of substances prescribed.
- ___19. It should be understood that any medical treatment is initially a trial, in that continued prescription is contingent on evidence of benefit.
- ___20. The risks and potential benefits of these therapies are explained elsewhere (and you acknowledge you have received such explanation)
- ___21. (MALES ONLY) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire, and physical and sexual performance. I understand that my physician may check my blood or request that my primary care provider do routine testing to see if my testosterone level is normal.
- ___22. (FEMALES ONLY) If I plan to become pregnant, or believe I have become pregnant while taking this medication, I will immediately call my obstetric doctor and/or primary care provider and the CPC office to inform them. I am aware that, should I carry a baby to delivery while taking this medication, the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with the risk of birth defects. However, birth defects can occur whether or not the mother is on medications and there is always the possibility that my child will have a birth defect while I am taking opioids. The child could be physically dependent on the opiates and withdrawal can be life threatening for the baby. As a female of childbearing age, I certify that I am not pregnant, and will use appropriate contraceptive measures during the course of treatment with medications from CPC.
- ___23. Prescriptions will not be phoned in after hours, on Fridays, weekends, or holidays. No Exceptions. CPC requires 72 hours notice for prescription refills.
- ___24. Refills will not be made as an emergency.
- ___25. Early refills will not be given. The patient is responsible for taking the medication as prescribed. No unauthorized increase in medication will be tolerated.



- ___26. Refills will not be given if “I ran out early” or “I lost my prescription” or spilled, damaged, or misplaced, or had medications stolen. The patient is responsible for taking the medications in the dose prescribed, for keeping track of the amount remaining, and keeping medications in a safe place.
- ___27. I agree to use my medication at a rate no greater than the prescribed rate unless it is discussed directly with a CPC provider and I have been authorized to do so.
- ___28. The prescribing provider will be the only one to decide when and how the patient is to increase or decrease various pain medications. If the provider decided to discontinue the use of pain medicine, the provider will develop a safe weaning schedule for the patient to minimize withdrawal symptoms.
- ___29. Medications will not be replaced if they are lost, misplaced, destroyed, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made at the discretion of the CPC provider.
- ___30. Changes in prescriptions and/or refills will only be made during scheduled appointments and not via phone, at night, on weekends, or holidays. This policy will be strictly adhered to.
- ___31. The patient will sign off on CPC “Prescription Pick-up” for any prescriptions picked up from the office.
- ___32. Renewals are contingent upon keeping scheduled appointments and following the CPC “Prescription Medication Refill Policy”
- ___33. I agree that continued refill of medications will be contingent upon compliance with other treatment modalities recommended by my doctor and with the program in general.
- ___34. Prescription refills may be issued earlier only as determined at an appointment/visit, and only at the comfort level of the prescriber. These prescriptions will contain instructions to the pharmacist regarding when prescription(s) is/can be refilled.



- ___35. If the responsible legal authorities, pharmacists, and/or other non-CPC treating providers have questions regarding your treatment all confidentiality and HIPPA agreements are waived and the appropriate authorities may be given full access to our records of controlled substance administration. For example, if you are obtaining medications from other providers.
- ___36. I understand that once my pain management is optimized refills of my medications may be transferred to my primary care provider. If I do not have a primary care physician at that time I will have one month to find a physician to take over my care and prescribe my medications.
- ___37. I understand that my medication regimen may be continued for definitive time as determined by my CPC provider. My individual case may be reviewed periodically. If there is no significant evidence that I am improving or that progress is being made to improve my function and quality of life, the regimen may be tapered or discontinued and my case referred back to my primary care physician.
- ___38. Pain medications should not be stopped abruptly as an abstinence syndrome (withdrawal syndrome) will likely develop.
- ___39. I understand that opiate analgesics could cause physical dependence within a few weeks of starting opioid therapy. If I suddenly stop or decrease the medication I could experience withdrawal symptoms, which may occur within 24-48 hours of last dose of opioid therapy. Typically, this will last a few days. The withdrawal symptoms are usually self-limited but could in rare cases be life threatening.
- ___40. Withdrawal from other medications can also have serious consequences, including, the risk of injury or death. I Will not discontinue any medication I take regularly without consulting a CPC provider or my primary care provider.
- ___41. Potential symptoms of opioid use can include: yawning, nausea, vomiting, watery eyes, runny nose, abdominal cramps, diarrhea, muscle or body aches, sweats, chills, hot/cold flashes, "goose flesh" anxiety, agitation, irritability, insomnia, tremors, "racing heart", increased or decreased heart rate, sweating or craving for the medications.



42. Tolerance is a condition which can occur with the use of opioid medications. It is defined as a need for a higher opioid dose to maintain the same pain control. Usually tolerance to, sedation, euphoria, nausea, and vomiting occurs more commonly than tolerance to pain relief. Switching to a different opioid medication may control this condition. Tolerance can also be managed by adding a second different drug to the opioid management. If tolerance to the opioid becomes unmanageable the opioid will be tapered and discontinued. The patient must report significant side effects to each of the medications as listed below.

Over sedation, nausea, vomiting, constipation, confusion, euphoria (high feeling), and dysphoria (down feeling), dizziness, sweating, respiratory depression (slow breathing), stomach upset, quick sudden jerky movements of the arms or legs, headaches, weakness, tremors, seizures, muscular stiffness, hallucinations, disorientation, visual disturbances, insomnia, dry mouth, diarrhea, stomach cramps, taste alteration, flushing of the face, chills, increased or decreased heart rate, increased or decreased blood pressure, difficulty urinating, itching, skin rashes, swelling, sexual dysfunction.

43. It is clearly understood that the use of narcotic medication may result in physical dependence. This condition is common with many drugs including steroids, blood pressure medication, and anti-anxiety medications, as well as opioids. Physical dependence or “tolerance” poses no problem to the individual or to the prescribing provider as long as the individual avoids abrupt discontinuation of the medication. Medication can be discontinued after a slow taper.

44. Psychological addiction should also be understood as a possible risk to the use of opioid medications. This has been shown to be an infrequent occurrence in those who have been diagnosed with an organic disease causing chronic pain.

45. Psychological “addiction” is different from physical dependence/tolerance. It is defined as “a behavioral syndrome characterized by psychological dependence and aberrant drug-related behaviors” or somebody who “compulsively uses drugs for non-medical purposes despite harmful effects.” Psychological addiction is recognized when the patient shows a drug craving



behavior, or “doctor shopping”, when the drug is quickly escalated without correlation with pain relief or when the patient shows a manipulative attitude toward the physician in order to obtain the drug. If the individual exhibits such behavior the drug will be tapered and the patient will be referred to an addiction specialist. The individual will not be a candidate for continued controlled substance management at CPC.

___46. I understand that I must be honest with the physician about personal or family history of alcohol.

Patients name (Printed): _____

Patients signature: _____

Date: _____

SOAPP

Name: _____

Date: ___/___/___

The following are some questions given to all patients at Colorado Pain Consultants, PLLC. who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.

Please answer the questions below using the following scale:

0= Never, 1= Seldom, 2= Sometimes, 3= Often, 4= Very Often

Insert Number

How often do you have mood swings? _____

How often do you smoke a cigarette within an hour after you wake up? _____

How often do you or any of your family members, including parents & grandparents, have a problem with alcohol or drugs? _____


