Michigan Neurology Associates, P.C.

Michigan Neurology Associates
Controlled Substance Agreement

Patient Name:_____Date:_____

I understand that my Physician of Record is prescribing a medication identified by the DEA as a controlled substance. This medication is to assist me in managing my chronic medical condition that has not responded to other treatments. The risks and potential side effects including the potential for overuse, rebound headaches, analgesic hypersensitivity, drug dependency, overdose and death of self or someone with easy access to my prescriptions as well as the potential benefits have been explained to me. I understand these risks and agree to the following:

1. I will participate in all other treatments which Michigan Neurology Physicians recommend, including psychological counseling, and will be ready to taper or discontinue the controlled substance as other effective treatments become available.
2. I will take the medication exactly as prescribed and will not change the medication dosage or schedule. I understand that MNA physicians will not prescribe medications at dosages or schedules above those recommended by the FDA and that all prescriptions are a 30 day supply and early refills will **NOT** be given.
3. If I consume my medications in an amount above that which is prescribed, sell them, or give them to someone else, my physician has the right to refuse to prescribe additional controlled substances or to continue any further treatment.
4. I understand that it is my responsibility to secure my medications and that lost or stolen medications, lost or stolen prescriptions, broken bottles, etc. **will NOT be replaced**. I will purchase a lock box to secure my medications if necessary.
5. If I have another condition that requires the prescription of a controlled substance (like opioids, tranquilizers, barbituates, or stimulants) from a non-MNA physician, I will obtain written documentation from the prescribing non-MNA physician and bring it to my next appointment. I understand that as a result of starting a new medication, my MNA physician may change or discontinue my old medication.
6. I will be responsible for keeping track of my medication and number of refills remaining so I will not run out of my medication. **Refills require an office visit and will not be given over the phone. Notifying the on call physician after business hours for medication refills is not appropriate.**
7. I agree to abstain from all illegal and recreational drugs (including alcohol) while on this Controlled Substance Agreement, and I agree to provide urine samples for drug screening whenever asked.
8. I understand the need to use care when making the decision to drive a car or operate dangerous machinery as the medication I am on may cause drowsiness and the use of alcohol may intensify the effect.
9. I will provide my pills to be counted within 24 hours of a request by MNA staff in order to assure pills are being taken as directed.
10. I will keep all appointments and schedule my next appointment at check-out. If I cancel or do not show up for my scheduled visit without just cause my medications will not be refilled without another office visit.
11. I will not engage MNA staff with any verbally abusive or threatening behavior. If my words or actions are felt as abusive or threatening, I understand I may be immediately discharged from the practice.
12. I authorize Michigan Neurology Physicians and/or staff to discuss my care and treatment with my primary/referring physician and any other medical facilities involved in my care.
13. I understand that this contract is binding for as long as controlled substances are deemed necessary by my MNA physician.
14. It is understood that my medical treatment is initially a trial, and that continued prescriptions are contingent on evidence of benefit
15. (Males Only) It is understood that chronic opioid use has been associated with opioid hyperalgesia syndrome with low testosterone levels in males. This may affect mood, stamina, sexual desire and physical and sexual performance.
16. (Females Only) If I plan to become pregnant or believe that I have become pregnant while taking the controlled substance, I will immediately call my obstetric doctor and this office to inform them. I am aware that the use of opioids is not generally associated with the risk of birth defects. However, birth defect can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking controlled substances

I have had time to review and ask questions and I agree to all items outlined above. I verbalized understanding that any deviation from or violation of these rules may result in a discontinuation of medication and possible dismissal from this practice. I have received a copy of this contract for my record.

Patient Signature_____Date_____

Witness _____

Drugs to be refilled only as follows:

Drug #1_____Drug #2_____Drug#3_____

Amount_____Amount_____Amount_____

Directions_____ Directions_____ Directions_____