



Opioid Agreement

The purpose of this agreement is to protect your access to necessary pain medications and to protect our ability to prescribe for you.

The long-term use of pain medications such as opioids, benzodiazepines, and barbiturates is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk varies from person to person is not certain. Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of Dr. Damon Vu to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from Dr. Damon Vu or, during his absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interaction or poor coordination of treatment.) Obtaining pain medications from multiple sources is illegal.
2. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
3. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care.
4. You may not share, sell, or otherwise permit others to have access to these medications.
5. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.
6. Unannounced urine or serum toxicology screen will be performed. Presence of unauthorized substances may prompt referral for assessment addictive disorder. The absence of prescribed medications may result in discharge from the practice.
7. Prescriptions and bottles of these medications must be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication. They should not be left where others might see or otherwise have access to them.
8. A valid prescription for pain medications does not imply their safety while operating automobile or heavy equipment.
9. Since **these drugs may be hazardous or lethal** to a person who is not tolerant to their effects, especially a child, you must keep them out of the reach.



10. Medications **will not be replaced** if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen you must complete a police report regarding the theft.

11. **Early refills will not be given.** All prescriptions are written for a 30 day period unless otherwise noted.

12. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.

13. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.

14. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.

15. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.

Males Only: I am aware that the chronic use of opioids has been associated with low testosterone levels in males. This may effect mood, stamina, sexual desire and physical and sexual performance.

Females Only: If I plan to become pregnant or believe that I have become pregnant while taking this medication, I will immediately inform my Obstetrician and this office. I am aware that taking opioids while pregnant will cause the baby to be physically dependent on them at birth. I am aware that the use of opioids is not generally associated with risk of birth defects; however, birth defects can occur whether or not I am taking medication, and there is always a possibility that my child will have a birth defect.

I understand and will adhere to the above guidelines.

Patient Signature

Date

Patient Name (Printed)