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Narcotic Medication Contract For Chronic Pain Management

Narcotic pain medication may be prescribed to help manage pain. This contract is to ensure that narcotic medications are taken as prescribed. Problems with narcotic pain medications can include tolerance, dependence, addiction and other side effects. Narcotic medications will be prescribed as necessary with the following agreement between the patient and California Advanced Pain Institute.

1. Narcotic prescriptions will only be ordered by the CAPI team.
2. All narcotic medications must be obtained at the same pharmacy you have designated here:_____; the pharmacy phone number is: _____
3. I agree to inform CAPI of new medical conditions and side effects.
4. I agree to sign the CAPI authorization to release protected health information (PHI) regarding narcotic usage to dispensing pharmacies, other health care providers, the Bureau of Health Services, and other regulatory agencies. These federal and state agencies have legal responsibilities to prevent unsafe usage of narcotics. If these agencies contact our office with questions concerning your treatment, confidentiality is waived and these agencies are given access to your medical record.
5. If medications are lost, spilled, shared, stolen, overused, etc., they will NOT be replaced.
6. Narcotic medication refills will not be provided after hours or on weekends.
7. Evidence of altering prescriptions, multiple physicians prescribing, or the use of street drugs except medical marijuana will result in discontinuation of prescribing medication.
8. I agree to be compliant will all requests for diagnostic tests, office visits, physical therapy counseling and other medications. Failure to follow the plan of care may result in discontinuing narcotic medication(s).
9. I agree to report signs of dependence to narcotics, such as: taking increased amounts or taking them at a higher frequency than what is prescribed.
10. I agree to take medication as prescribed and will not exceed the amount unless changed by the CAPI team.
11. I will assume absolute risk if I overdose myself intentionally or accidentally.
12. If I plan to become or believe I am pregnant while taking narcotic medication, I will inform my obstetric doctor's office and immediately and also report to CAPI.

I understand the above agree to adhere to this contract.

_____	_____	_____
Patient Signature / Date	**Witness / Date**	**Physician's Signature / Date:**