



EMAS

SPINE & BRAIN SPECIALISTS

Pain Medicine Agreement & Prescription Contract for Narcotic Medication

IF YOU DO NOT REQUIRE Prescription Pain Medication from Emass Spine and Brain Specialists, You DO NOT NEED TO SIGN.

(If you would like to RECEIVE Prescription Pain Medication from Emass Spine and Brain Specialists, you are Required to Understand, Agree-To, Abide-By, and Sign this document BEFORE you will receive Prescription Pain Medication.)

CLIENT NAME:	DATE OF BIRTH:	DATE OF SERVICE:

PLEASE READ AND INITIAL

- _____ 1) **You understand that if you break this Agreement, based on Emass Spine and Brain Specialists Policy, as well as State and Federal Laws, that your Emass Spine and Brain Specialists Healthcare Provider MAY:**
 - A) **No longer prescribe Prescription Pain Medications.**
 - B) **Contact your Primary Healthcare Provider.**
 - C) **Legally participate with State & Federal Controlled Substance Agencies & Prescription Monitoring Programs.**
 - D) **Recommend, and Assist in Obtaining, Drug-Dependence and/or Addiction Counseling & Rehabilitation.**
 - E) **Discuss the Option of Emass Spine and Brain Specialists continuing to Provide Safe, Effective, and Balanced Pain Medicine WITHOUT Prescription Pain Medications.**
- _____ 2) **You will communicate fully with your Emass Spine and Brain Specialists Healthcare Provider about the character and intensity of your pain symptoms, the effect of pain on your daily life, and how well your Pain Medications relieve your pain.**
- _____ 3) **You will inform the clinic of all narcotics, benzodiazepines, anti-depressants, muscle relaxers, sleeping ads, and other pain medications that you are taking. You will be discharged if you fail to inform Emass Spine and Brain Specialists of other medications that may show up in your UDT or confirmation testing.**
- _____ 4) **You will Not use any Illegal Drugs (cocaine, methamphetamine, non-prescribed cannabis), and/or Legal Medications NOT- PRESCRIBED under your name. Routine Urine Toxicology Testing will occur. Testing positive for any of Non-Prescribed Legal Medication, or Illegal Drugs, WILL RESULT in the Safe & Immediate discontinuation of Prescription Pain Medications. Additionally, alcohol can have a negative reaction with your medications; If you are using alcohol and it shows up in your urine confirmation test, you will be discharged.**
- _____ 5) **Emass Spine and Brain Specialists participates in Federal and State Prescription Monitoring Programs. You agree to routine and random prescription monitoring for the investigation of possible misuse, sale, or diversion of your Pain Medications. You may be contacted randomly and asked to produce urine within a 24 period. If you are discovered to be receiving simultaneous Pain Prescriptions from multiple healthcare providers, your Emass Spine and Brain Specialists Healthcare Provider MAY immediately discontinue your Prescription Pain Medications, and by Corporate Policy, report this information to Government Controlled Substance Agencies.**

- _____ 6) **You will NOT Share, Sell, or Trade your Prescription Pain Medications with anyone. You will NOT take other people's Prescription Medications.** If it is determined that you are sharing, selling or trading your Prescription Pain Medications, you will be discharged from the clinic, and Emas Spine and Brain Specialists will contact the DEA or police.
- _____ 7) **You will NOT attempt to obtain any Prescription Pain Medications, from any other healthcare professionals or hospital.** You will immediately notify Emas Spine and Brain Specialists, if you are receiving Prescription Pain Medications from additional prescribers. (Emergency Rooms, Healthcare Professionals, etc.)
- _____ 8) **You will immediately notify Emas Spine and Brain Specialists, if you plan to receive Pain Medicine Injections, Procedures, and/or Surgeries from Non- Emas Spine and Brain Specialists Healthcare Providers.** For your safety, Emas Spine and Brain Specialists provides balanced and comprehensive Pain Medicine. If you receive Pain Medicine Injections, Procedures, and/or Surgeries outside Emas Spine and Brain Specialists without first discussing these Pain Medicine treatment options with your Emas Spine and Brain Specialists Healthcare Provider, MAY RESULT in the Safe & Immediate discontinuation of Prescription Pain Medications.
- _____ 9) You will safeguard your Prescription Pain Medications from loss or theft, by securing them under lock and key. **Lost or Stolen Prescription Pain Medications will NOT be replaced**, even if a police report is provided. Similarly, you will safeguard your paper prescription until it is filled. Emas Spine and Brain Specialists will only reprint a lost paper prescription one time. After one paper prescription replacement, we will not rewrite your prescription.
- _____ 10) **You will inform** Emas Spine and Brain Specialists IN WRITING, if you wish to DISSOLVE your "Pain Medicine Agreement & Prescription Contract". Upon receipt of your written request, Prescription Pain Medications will NO LONGER be prescribed by Emas Spine and Brain Specialists.
- _____ 11) Emas Spine and Brain Specialists DOES NOT call in Prescription Pain Medications to your Pharmacy.
- _____ 12) **You agree** that Medication Changes and Refills will ONLY be made during scheduled In-Office Appointments. It is your responsibility to schedule an In-Office Appointment, to discuss medication changes and refills, at least 14 days before your current prescription runs-out. If you request a medication change, you will be required to bring all unused pills to Emas Spine and Brain Specialists before you will be given the new prescription.
- _____ 13) **All Outstanding Balances** must be Paid-In-Full, or a Emas Spine and Brain Specialists Payment Plan completed and signed, before seeing a Pain Medicine Professional, and before receiving further Medical Care (Including Pain Medicine Injections & Pain Medicine Prescriptions).
- _____ 14) **You agree** to take your Prescription Pain Medications as Prescribed. You agree to take your Prescription Pain Medications at a rate No Greater than the prescribed rate, and that if you use your Prescription Pain Medication at a rate Greater than the prescribed rate, you may be without Pain Medications for a period of time. Taking your Prescription Pain Medications in any way other than prescribed is unsafe, and by Corporate Policy, MAY RESULT in the immediate discontinuation of ALL Prescribed Pain Medications.
- _____ 15) **You will IMMEDIATELY Inform** Emas Spine and Brain Specialists, and **IMMEDIATELY report to the nearest Emergency Room, if you are considering, or have a plan, to hurt another person, yourself, or commit suicide.**
- _____ 16) **You Agree** that you will submit for blood and/or urine lab studies, as requested by your Emas Spine and Brain Specialists Healthcare Provider, within 24 hours of a request. These tests will be conducted at your expense. Failure to comply and/or inappropriate lab results, MAY RESULT in the Immediate Safe Tapering and/ or Immediate Discontinuation of ALL Prescription Pain Medications.
- Addiction and Pain Medicine Science indicate that Safe Opioid-Based Pain medication Prescribing (Morphine-Type Medications) REQUIRES routine Random Urine Toxicology Screening. For your Safety, Emas Spine and Brain Specialists will randomly use Blood & Urine Toxicology to screen and assess your Safe Opioid-Based Pain Killer Use at No Less than Every 3 Months. More frequent Urine Toxicology Screens may be required based on your current Opioid-Based Pain medication dose and Current Addiction and Pain Medicine Science Recommendations.**
- _____ 17) **You authorize** ALL healthcare institutions and healthcare providers, where you have received medical treatment in the past, to release any and all of your healthcare records, including drug tests and mental health records, to Emas Spine and Brain Specialists. You waive any privilege or right of privacy or confidentiality with respect to all received medical records.
- _____ 18) **You understand** that you may be called to count your Prescription Pain Medications at any time. If you are called for a "Pill Count", you must present at the clinic during office hours on the day requested and bring all of your Pain Medications to be

counted. If you fail to make a mandatory pill count, or your pill count is incorrect, this MAY result in immediate discontinuation of Prescribed Pain Medications.

_____ **19) You agree that**, as directed by your Emas Spine and Brain Specialists Healthcare Provider, you will attempt medically-indicated Pain Medicine treatments and therapies aimed at reducing your pain symptoms and reducing your need for Prescription Pain Medications. Failure to comply with medically-indicated Pain Medicine treatments and therapies may result in dismissal from Emas Spine and Brain Specialists.

_____ **20) You agree that if you display any Aggressive, Hostile, or otherwise Inappropriate Behavior, directed towards ANY** Emas Spine and Brain Specialists **Staff Member, that law enforcement will be immediately called, an official legal report filed, and that you will not receive further Pain Medicine care from** Emas Spine and Brain Specialists.

_____ **21) You Agree** to NOT ILLEGALLY STOCK-PILE Prescription Pain Medications. At each In-Clinic Appointment with Emas Spine and Brain Specialists, you will bring all Un-Used Prescription Pain Medications. These medications will be counted and any un-used Prescription Pain Medications from the previous prescription period, will be documented, and flushed down the toilet by you with a Emas Spine and Brain Specialists witness. Safe and Legal Wasting will conform with the guidelines established in the White House Office of National Drug Control Policy. Any Pain Medication which was NOT USED during your previous prescription period, FOR ANY REASON, MUST be returned to Emas Spine and Brain Specialists, for safe, legal and documented disposal prior to receiving a new Pain Medication prescription.

_____ **22) YOU WILL BRING ALL YOUR PAIN MEDICATIONS TO EVERY APPOINTMENT FOR PILL COUNT & SAFE LEGAL WASTING.**

_____ **23) You agree** to have fully read and understand this Agreement. You have asked any questions and concerns regarding your Emas Spine and Brain Specialists "Pain Medicine Agreement and Prescription Contract", and agree that your questions have been adequately answered.

A digital copy of this document will be permanently saved at Emas Spine and Brain Specialists. You may request a Paper Copy for your Records.

THIS PAIN MEDICINE & PRESCRIPTION CONTRACT WITH Emas Spine and Brain Specialists IS ENTERED INTO ON

CLIENT'S FULL NAME: _____; **CLIENT'S SIGNATURE:** _____

(DATE): _____