

## Northtowns Neurosurgery PLLC Drug Use, Prescription & Opioid Maintenance Therapy Agreement

This agreement outlines important information about pain management medications and compliance with state and federal regulations. The goal is to improve your quality of life while ensuring safe, effective treatment.

1. **Multiple Physicians:** If we are notified that you're receiving controlled substances from multiple doctors, you will be discharged from our practice.
2. **Pharmacy:** Use only one pharmacy for all prescriptions.
  - Pharmacy Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Fax: \_\_\_\_\_
3. **Side Effects:** You will be informed of potential side effects, including allergic reactions, drowsiness, respiratory issues, constipation, confusion, tolerance, and physical/psychological dependence.
4. **Long-term Risks:** The risks of long-term opioid use are not fully known.
5. **Treatment Plan:** Your treatment may change based on your condition or updated medical guidelines.
6. **Medication Use:** Take medications only as prescribed. Deviating from the prescribed dosage may lead to discontinuation of medication.
7. **Safety:** Follow instructions about activities that could be dangerous, such as driving or operating machinery. Medications may impair your ability to safely perform these tasks.
8. **Alcohol & Other Drugs:** Do not use alcohol or other medications without prior approval from your provider. Illegal substances are strictly prohibited.
9. **Medication Sharing & Theft:** Do not share, sell, or transport controlled substances. Safeguard your medications from loss or theft.
10. **Appointments:** Keep all scheduled appointments. Failure to do so may lead to discontinuation of medications or discharge from the practice.
11. **Compliance:** You agree to random pill counts and toxicology testing. Non-compliance will be considered a violation of this agreement.
12. **Contact Information:** Keep your contact information up-to-date. Failure to communicate changes will be considered non-compliance.
13. **Pharmacy Communication:** You authorize us to discuss your medication needs with your pharmacist.
14. **Refill Policy:**
  - Requests must be made 5 business days before the refill date.

- Refill requests are not processed on weekends or holidays.
- Urgent requests after hours will not be honored.

15.**Insurance Changes:** Notify us immediately if your insurance changes or if you can no longer afford your medication.

16.**Compliance & Consequences:** Non-compliance may lead to medication reduction, appointment cancellations, or discharge from the practice.

17.**Acknowledgment:** I understand and agree to comply with all terms of this agreement.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_