

# Treatment Agreement for the Use of Opioid Medication

Opioids are controlled substances and there are numerous laws and regulations regarding the prescribing of them that your medical provider must adhere to. The following requests are considered standard best practice and help this health care practice and you comply with these laws and regulations.

## The patient agrees:

I will fill my prescriptions only at one pharmacy, located at \_\_\_\_\_.  
I must contact my prescriber/provider if I wish to change pharmacies, and that change must be approved by my prescriber/provider.

All prescriptions for pain medications will, except in an emergency, only come from my practitioner or the clinic.

To reliably attend appointments with the practitioner.

To not use any illegal substances, such as cocaine or marijuana, etc. while taking opioids.

To not request earlier prescription refills if I decide to use more without the knowledge and consent of the prescriber/provider.

To use other pain consultations/management strategies recommended by my provider, as necessary.

To safely store the medication. (This is extremely important, as most of the prescription opioids now on the street were stolen from a prescribed user — use a locked box and do not keep them where others might see or have access to them.)

That traveling with strong painkillers may pose problems. Before traveling, I will contact the appropriate travel authority (usually the consulate website of the country you are visiting) and obtain a note from my prescriber/provider.

That lost, stolen, or spilled medications will not be replaced.

To random, periodic urine drug tests, as required by law, no less than once every six months or more frequently at the prescriber/provider's discretion.

## The prescriber/provider agrees:

To see you within a reasonable time frame for follow-up.

To discuss the results of urine drug testing with you before making any decisions regarding your ongoing pain treatment.

To offer you treatment for your pain through therapies other than opioids if these medications are found to cause you more harm than good.

## Signature Lines

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name (print)