

## Start Talking! Adult Consent for Controlled Substances

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

The use of the following medicine(s): \_\_\_\_\_

is only one part of my treatment for:      Pain      Substance use

Quantity prescribed: \_\_\_\_\_ Dosage: \_\_\_\_\_ Number of refills: \_\_\_\_\_

Primary prescribing provider: \_\_\_\_\_

### What should I know about this medication?

This controlled medication may help me.

- **Opioid pain medications often have side effects, which may include but are not limited to:** Itching, severe constipation, rash, sleepiness, trouble urinating or passing stool, problems thinking clearly, depression getting worse
- **Anxiety and sleep medicine(s) can cause:** Dizziness, memory problems
- **Combining drugs can cause:** Overdose, trouble breathing, death
- **Stimulant medicines (i.e. for ADHD) can cause:** High blood pressure, fast or irregular heart beats, unintentional weight loss, worsening of mood disorders

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. I could become addicted to this medicine.

If I must stop this medicine for any reason, I need to stop it slowly. Stopping it slowly will help me avoid feeling sick from withdrawal symptoms. If I decide to stop my medication, I will contact my provider or treatment team member.

If I or anyone in my family has ever had drug or alcohol problems, I have a higher chance of getting addicted to this medicine.

If I take this medicine and drink alcohol or use illegal drugs I:

- May not be able to think clearly.
- Could risk hurting myself (such as a car crash) or could become ill or even die.

My provider will only prescribe this medicine if I do not use illegal drugs.

If I do not use this medication exactly as prescribed, I risk hurting myself and others.

I will not increase or change my medicine dose without being told to do so by my provider or treatment team member.

This medicine will not be refilled early unless the provider or patient will be out of town when a refill is due.

I am in charge of my medicine.

- I know my medicine will not be replaced if it is stolen or lost.
- I will not share, trade, sell or give this medicine to other people. If I do the medicine will be stopped.
- I will keep my medicine safe, secure and out of reach of children.
- Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused, or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return prescription drugs can be found at [michigan.gov/deqdrugdisposal](http://michigan.gov/deqdrugdisposal)

### What can I do to help?

- Bring my pill bottles with any pills that are left to each office visit.
- When asked, I will give a urine sample and/or bring in my pill bottles to help monitor my treatment within 24 hours of being called. I understand Cherry Health's policy requires regular testing.
- Be on time for all appointments and tests set up by my provider. If I miss my appointments it may not be safe for me to stay on this medicine, and my provider may want an office visit before giving refills.
- I will sign a release form to let the provider or nurse talk to all other providers I see.
- Give my provider permission to talk to my pharmacy. My provider will check my prescription fill history by state pharmacy registrations and may call my pharmacies.
- Let my provider know of all the other medicines I take and let him/her know right away if I have a prescription for a new medication.
- Males only: I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I understand that my provider may test my blood to check my testosterone level.
- Females only: If I plan to become pregnant or believe that I have become pregnant while taking this medication I will immediately notify the primary prescribing provider's office. I am aware, that should I carry a baby to delivery while taking these medications the baby may be physically dependent upon opioids.

### I agree to use the pharmacy listed below to fill prescriptions for all controlled substances.

Pharmacy name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Pharmacy address: \_\_\_\_\_

### How can I get my prescriptions?

- I can only get this prescription from my primary prescribing provider's office unless listed below.
  - Other provider who may prescribe controlled substances: \_\_\_\_\_
- I will not get controlled medications from other providers without checking with my primary prescribing provider.
- Controlled substance prescriptions are monitored. These prescriptions often need a paper-prescription signed by my provider that cannot be mailed, faxed, or called to the pharmacy. This type of prescription takes 24 hours before it will be ready for pick-up from the health center.
- I will only use one pharmacy to fill these prescriptions.
- Refills will be given only during normal office hours. Cherry Health's policy prevents on-call providers from giving controlled substance prescriptions. No refills will be given when the office is closed.
- I know that unless my provider tells me otherwise, I need a scheduled appointment to get prescription refills.
- If my provider decides it is safe for me to get a refill without an appointment, only I or someone I choose can pick up a prescription from the health center. This person may be asked to show their ID.

### What are reasons for ending the agreement?

I may not be able to obtain controlled substance prescriptions from Cherry Health if:

- I take more medication that is prescribed or take the medication differently than indicated.
- I fail to give a requested urine sample, or I fail to participate in a pill count.
- Urine tests or pill counts fail to contain the proper amounts of my prescribed medication.
- Non-prescribed medications (i.e. from friends, other prescribers, the emergency room, street purchases) or illegal drugs (including marijuana) are present.
- I am arrested or incarcerated related to legal or illegal drugs (including alcohol).

I may not be able to be seen in this health center or any Cherry Health location if I am disruptive or threatening towards staff.

I understand that under State of Michigan law the non-medical use of controlled substances (i.e. lying to get medications, giving, or selling these medicines to others) is a crime and will result in termination of controlled medication treatment. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care provider.

**What are my provider’s responsibilities?**

- Make a commitment to work with me in my efforts to get better.
- Make sure that this treatment is as safe as possible by checking regularly to make sure I am not having bad side effects and working with other providers I am seeing.
- Keep track of my prescriptions using state collected data or by calling my pharmacy.
- Connect me with other forms of treatment to help me with my condition if indicated.
- Set treatment goals and monitor my progress in achieving those goals.
- Help me get treatment to get off the medications safely and with minimal discomfort if I become addicted.
- Educate me about the risks of substance use disorder and overdose associated with the controlled substance containing an opioid.

**Consent**

I have been informed that if I violate this contract in anyway, I could be dismissed from Cherry Health.

I certify that I read or understand and write in English. I have read or another person has read to me the above consent. I fully understand the above consent written in English. I have had my questions answered. All blanks were filled in before I signed the consent.

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<b>Patient/Guarantor/Guardian Signature</b>	<b>Date</b>
<b>Witness Signature</b>	<b>Date</b>
<b>Provider Signature</b>	<b>Date</b>