

PATIENT RESPONSIBILITY AGREEMENT FOR CONTROLLED SUBSTANCE MEDICATIONS

Controlled substance medications (i.e., narcotics, tranquilizers and barbituates) are very useful, but have a high potential for misuse. Therefore, they are closely controlled by local, state, and federal governments. Narcotics do not treat the underlying painful condition; they simply act in the brain to decrease the perception of pain. Our physicians are dedicated to restoring function us an efficient and functional manner. Narcotic medications may or may not be an appropriate way to achieve this.

Should an Orthollinois provider provide you with a prescription for a controlled substance medication, please note the following:

1. Narcotic medications can have side effects:
 - a. Common side effects include drowsiness and constipation. This is more noticeable at higher doses.
 - b. Serious side effects can include an effect on breathing. Narcotics inhibit the part of the brain that controls breathing, lowering the normal rate of breathing (referred to as the “respiratory drive”). The loss of respiratory drive can stop breathing completely and cause death. Thousands of deaths occur every year in the US, and many of these are due to prescription narcotic overdoses.
2. Due to the high number of prescription drug related deaths, documentation and rules surrounding these prescriptions are closely monitored by Orthollinois and by state and federal agencies. In order to ensure that your Orthollinois provider is documenting the appropriate management of controlled substance use, please note the following:
 - a. Initial and subsequent prescriptions of controlled substance medication are at the sole discretion of each health care provider.
 - b. Controlled substance medication should be taken exactly as prescribed, unless otherwise discussed with your doctor.
 - c. Driving a motor vehicle may not be allowed while taking narcotic medications and it is your responsibility to comply with the laws of the state while taking prescribed medications.
 - d. You are responsible for the medications prescribed to you. Controlled substance prescriptions will not be replaced if the medication is used too quickly, lost, stolen, or misplaced.
 - e. All patients on controlled substance medication must agree to urine drug testing at any time your Orthollinois provider requests it. If you decline to provide a sample, you will not be provided with further controlled substance prescriptions. Urine drug testing is a routine part of narcotic pain management, and these requests should not be considered an accusation of drug abuse.
 - f. Generally only **ONE** provider should be providing controlled substance medications to any patient. As a result of Illinois State law, we monitor narcotic prescription refills through the Illinois Prescription Monitoring Program. This allows us to see the prescriptions you fill from all pharmacies and all providers.
 - g. If you have a substance abuse disorder, there are health care professionals available to assist you. Your primary care provider is best equipped to assist you with a referral of this nature.
3. Refills of controlled substance medications:
 - a. Should be requested at your pharmacy.** Even if your prescription has no refills remaining, you should call your pharmacy and they will notify your physician electronically.
 - b. Should be requested** before 3pm Monday thru Thursday and noon on Friday.
 - c. May require** you to be seen by your physician in the office.
 - d. Will not be made** at night, on weekends, or during holidays.
 - e. Will not be made** as an emergency, or if the medication is used too fast, lost, stolen, or misplaced.
 - f. May take up to** three business days to be processed.
 - g. Must be picked up in person** by you or another designated person at your physician’s office. Anyone picking up a prescription, including you, must be 18 years of age or older AND present a photo ID.
4. Orthollinois takes the care and treatment of our patients very seriously. As a result, any violation of the above items can result in termination of your controlled substance prescription and/or discharge from our practice.

Patient Signature/Responsible Party and Date