



Integrity Regional Pain Center PAIN MANAGEMENT AGREEMENT

I understand that in order to receive care for the treatment of pain at Integrity Regional Pain Centers, I agree to and will comply with the following:

- A. **MENTAL HEALTH:** A mental health assessment and/or continuing psychological therapy may be required. If I am currently involved in mental health therapy, **or a drug treatment program**, or if I enter such therapy, I will authorize my mental health practitioner to exchange unrestricted information regarding my condition and treatment with the health care providers of Integrity Regional Pain Centers.
- B. **USE OF MEDICATIONS:** I will take all medications as prescribed. I will speak with a provider of Integrity Regional Pain Centers before making any changes in either the dose or frequency of my medications. I understand that my health status must warrant a change in my medication and that Integrity Regional Pain Center will not authorize early refills of pain medications. I understand that I **MUST** obtain all narcotic and scheduled pain medications from the same pharmacy (any exceptions must be approved by Integrity Regional Pain Centers).

There will be no change in the patient's medications by telephone. The patient must appear in person and will *NOT* be allowed to change the dosing schedule without prior authorization from the Physician. Only physician(s) will assume responsibility for ALL pain medication and no other type of provider will prescribe them.

If you are having surgery and expect to have a temporary increase in acute pain levels please arrange for a visit after you are discharged from the hospital and we will adjust your medication as needed. **Do not** get extra pain medications from your surgeon (MD/DO) as **this will violate your pain management contract/agreement** with Integrity Regional Pain Centers.

Narcotic Medications are filled on a 28-day cycle. Narcotics will not be filled early in accordance with the DEA and BNDD (Missouri Bureau of Narcotics and Dangerous Drugs) regulations.

If *for any reason* your medication needs to be changed you must bring in your old medication in the bottle so it may be **counted by you in front of two Integrity Regional Pain Center staff members. After the completion of the pill count you are required to sign the "Patient Agreement on Medication Disposal". By signing this agreement, you will follow the instructions as given for the proper disposal of the medication(s) and that you will NOT store, sell, give away or trade these medications.**

For Non-Narcotic Medications needing to be refilled before your next appointment date, please call our office during normal office hours to request a refill on your medication. Each refill request is carefully reviewed by our medical staff to ensure your safety. Please allow for 24-48 hours to process a refill request.

- C. **SEEKING PRESCRIPTIONS:** I will **NOT** seek or fill prescriptions for any medications related to pain relief or muscle relaxers from any other health care provider unless authorized by Integrity Regional Pain Centers. I will inform Integrity Regional Pain Center of providers associated with my

health care. **I am aware that if I have been found to have multiple prescribers for narcotics, the federal government recommends that Integrity Regional Pain Center report the violation of this agreement to the U.S. Department of Health and Human Services (HHS), the Office of the Inspector General (OIG), my insurance carrier and local law enforcement.**

- D. **OTHER HEALTHCARE PROVIDERS:** I will inform all health care providers associated with my care that I receive pain management through Integrity Regional Pain Centers. I will maintain an unrestricted and current medical records release form on file with Integrity Regional Pain Centers and all other health care providers associated with my care.
- E. **DRUG SCREENING:** I will participate in drug screening as a part of my treatment plan. I understand that random drug screenings will be conducted at the discretion of Integrity Regional Pain Center. Drug screenings include but are not limited to pill counts, urinalysis or blood tests. I agree to pay all costs associated with drug testing not covered by my insurance. Refusal or failure for any reason to submit to a drug screening at the time specified may result in termination of services provided by Integrity Regional Pain Center.

All new patients will receive a urine drug screen upon the first visit. All follow up patients will receive random urine drug screens or as requested by the provider. Any patient found to be in violation of the pain management agreement will no longer be able to receive narcotics from Integrity Regional Pain Center. **If no inconsistencies in the test results are received, then the patient will receive a full month's supply of medications at the 2 week follow up visit. However, if there are any inconsistencies in the test results at the follow up visit the patient will no longer be able to receive narcotics from Integrity Regional Pain Centers.**

- F. **ILLEGAL AND NON-PRESCRIBED DRUG USE:** I understand that the use of any controlled medication not prescribed by Integrity Regional Pain Centers may result in termination of care. I authorize Integrity Regional Pain Centers to cooperate fully with any city, state or federal law enforcement agency, including this state's Board of Pharmacy, the DEA and the BNDD (Missouri Bureau of Narcotics and Dangerous Drugs) in the investigation of any possible misuse, sale, or other diversion of my pain medicine. I authorize Integrity Regional Pain Centers to provide a copy of this Agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations. I also understand that the use of any illegal substance may result in termination of care by Integrity Regional Pain Centers. **I am aware that if I have been found to have violated this agreement Integrity Regional Pain Center may need to follow the federal government recommendations and report the violation(s) to the U.S. Department of Health and Human Services (HHS), the Office of the Inspector General (OIG) my insurance carrier and local law enforcement.**

- G. **LOST OR STOLEN MEDICATIONS:** I agree to safeguard all medications prescribed by Integrity Regional Pain Centers and understand that lost, stolen or damaged medications will not be replaced. Medications are an important part of your treatment regimen. We are concerned about your treatment and recognize that medications may be lost, stolen or damaged. However, our policy is that medications that are lost, stolen or damaged will not be refilled under any circumstances. **Per the federal government recommendations all reports of lost, stolen or damaged narcotics will be reported to the U.S. Dept of Health and Human Services (HHS); Office of the Inspector General (OIG); and local law enforcement.**

If at any time a patient is arrested for selling medication or in possession of an illegal substance or drug paraphernalia, the patient will no longer be able to receive narcotics from any Integrity Regional Pain Centers.

H. **DRIVING & OPERATING EQUIPMENT:** Many pain medications can cause drowsiness and/or a very relaxed state of mind causing operation of equipment or vehicles to be dangerous. I agree to refrain from driving or operating dangerous equipment for 72 hours after any change in medication dosage and whenever I feel dizzy or drowsy. I will avoid driving or operating equipment until I know how I am affected.

I. **TERMINATION:** I will no longer be eligible for care at Integrity Regional Pain Center if I:

- Found to be in possession of illicit drugs or substances
- Trafficking in controlled or illegal substances
- Intoxicated or if arrested for DUI
- Alter my prescription in any way
- Sell or share my medications

Have you ever had any medical problems with alcoholism and/or drug abuse (including marijuana)?

Yes _____ No _____

If YES, did you receive in-patient or out-patient treatment?

Yes _____ No _____

When did you receive this treatment? _____

Are you currently still receiving treatment?

Yes _____ No _____

If currently receiving treatment, please state name and phone number of your medical provider

Have you ever had any legal problems such as drug trafficking or manufacturing (including marijuana)?

Yes _____ No _____

Are/Have you been convicted, pleaded guilty, nolo contendere to any drug related charges?

Yes _____ No _____

Have you sentenced to imprisonment or probation?

Yes _____ No _____

If yes, please explain: _____

Are you currently on probation?

Yes _____ No _____

Do you have or use any other names that you use now are in the past (e.g., A.K. A.)?

Yes _____ No _____

If yes, please list:

Have you used any illegal drugs (including marijuana) within the past six months?

Yes _____ No _____

If YES, please explain:

Have you used any prescription drugs for which you did not have a personal prescription within the past six months?

Yes _____ No _____

If YES, please explain:

Are you seeing any other medical providers?

Yes _____ No _____

If YES, please list:

Are you taking any controlled substances from other providers?

Yes _____ No _____

If YES, please list:

The following guidelines are a summary of current and new policies of the Pain Management Agreement.

IRPC Pain Patient Requirements:

1. All pain patients must have a signed narcotic agreement on file and follow the terms & conditions as described in the agreement.
2. All pain patients must give urine samples for drug screens at the initial visit, followed by random samples at any time during their follow up visits as requested by IRPC providers
3. A working phone number with available voicemail must be on file with IRPC. Voicemails must be checked by patient and calls returned to IRPC staff within a reasonable time frame.
4. Patient should have updated imaging within last 2 years
5. Patient must try other treatment options such as physical therapy and pain injections/procedures.
6. Patients who have been taking narcotics along with Benzodiazepine like Xanax or Valium, will need to choose one or the other. Both can no longer be taken together. Patients have 90 days to wean off Benzodiazepines or narcotics

IRPC Narcotic Termination Guidelines:

1. One negative urine drug screen (UDS) will result in a verbal warning.
2. Two consecutive negative UDS's will receive a written warning and prescribed narcotics will be decreased after each negative UDS.
3. Three consecutive negative UDS' will result in termination of narcotics agreement.
4. Written warning with first inconsistent UDS for other than prescribed narcotics or multiple providers.
5. Termination after second inconsistent UDS or multiple providers.
6. Any tampered or fake UDS sample will result in immediate termination.
7. Any presence of any illegal drug will result in immediate termination of the narcotics agreement.
8. Failure to appear for a Random Pill Count will result in immediate narcotics termination.
9. Failing a Random Pill Count will result in immediate narcotics termination.

IRPC will not make any exceptions for the following:

1. No narcotics for any pregnant women
2. No narcotics to anyone under 21 years of age.
3. No early replacement prescriptions for lost or stolen medicine
4. No early refills
5. No narcotics to anyone with a history of buying or selling illegal drugs.
6. No prescriptions of any Benzodiazepine or stimulants like Adderall.

All patients must follow the above rules & regulations at every visit. Any violations or abnormal behavior will result in termination of narcotics.

I UNDERSTAND AND AGREE TO THE CONDITIONS OF CARE DESCRIBED ABOVE AND WILL COMPLY WITH THEM. ALL OF MY QUESTIONS ABOUT THE TERMS OF THIS AGREEMENT HAVE BEEN ANSWERED TO MY SATISFACTION. FAILURE TO COMPLY WITH ANY OF THE TERMS OF THIS AGREEMENT MAY RESULT IN IMMEDIATE TERMINATION OF SERVICE. THIS AGREEMENT WILL REMAIN IN EFFECT AS LONG AS I AM A PATIENT OF ADVANCED PAIN CENTER.

Patient Signature

Date

Physician Signature

Date

I also acknowledge receiving a copy of the Opioid Analgesic REMS Patient Counseling Guide issued by the FDA and Opioid Safety and Naloxone Guide issued by MO Board of Pharmacy.

Patient Signature

Date