Controlled Substance and Wellness Agreement

You and your provider have agreed on the use of controlled substance medications to treat your:

We want to make sure you know how to manage your new prescription(s) to help you function better and to improve your quality of life. To keep everyone safe, all patients taking controlled substance medications must complete this agreement.

1. Goals

Setting Functional Goals
To make sure that your medications are improving your quality of life, we require that you set obtainable goals and decide on an action plan for reaching them. These goals can be as simple as sleeping all night or feeling well enough to garden again — choose what’s most important to you.

What should this medication allow you to do (that you can’t do now)?

What do you hope to be able to do 6 months from now?

Steps to take:

American Pain Foundation
visit www.painfoundation.org for patient info and education
2a. Opioid Risks

In this section:
Your goal is to understand how opioid medication may harm you.

Opioid Facts
Opioid medicines can reduce some kinds of severe pain, although they can make some kinds of pain worse. Even when they work, opioid medications are risky because they can cause serious complications, even death. It's important to understand that we do not actually know if there are long-term benefits to using opioids for chronic pain, but we do know there are serious risks.

Long-Term Risks
Opioids relieve pain but they also create physical dependency and tolerance. Physical dependency means that if you stop taking an opioid, you may experience withdrawal (for example: runny nose, chills, aches). Tolerance means the medication may not work as well over time and you may develop an intense craving for the drug even if you are taking the correct amount. If you become unable to control your opioid use or if it starts creating problems in your life, you may have become addicted and could need special care to be tapered off of the drug. Opioid overdose and misuse can lead to death.

Side Effects
Everyone is different — it is impossible to predict which side effects you may experience from opioid medications. Here are some of the side effects that opioid users report:

<table>
<thead>
<tr>
<th>Common</th>
<th>Less common</th>
<th>Life-threatening</th>
</tr>
</thead>
<tbody>
<tr>
<td>confusion</td>
<td>abnormal dreams</td>
<td>slow blood flow</td>
</tr>
<tr>
<td>constipation</td>
<td>anxiety</td>
<td>seizures</td>
</tr>
<tr>
<td>cramps</td>
<td>bruising</td>
<td>shock</td>
</tr>
<tr>
<td>dizziness</td>
<td>changes in urination</td>
<td>trouble breathing</td>
</tr>
<tr>
<td>drowsiness</td>
<td>flushing</td>
<td></td>
</tr>
<tr>
<td>headache</td>
<td>mood changes</td>
<td></td>
</tr>
<tr>
<td>nausea</td>
<td>rash / irritation</td>
<td>Call 911. These side effects require immediate medical attention.</td>
</tr>
<tr>
<td>sedation</td>
<td>sweating</td>
<td></td>
</tr>
<tr>
<td>vomiting</td>
<td>worsening of pain</td>
<td></td>
</tr>
</tbody>
</table>

If you're having trouble with your medications or side effects, please call us at (530) 337-6243.
2b. Risks of Benzodiazepines, Sedatives & Stimulants

Long-Term Risks of Controlled Substances
Controlled substance medications include all medications that can cause physical or mental dependency, including benzodiazepines, sedatives, and stimulants. They have both risks and potential benefits, but without proper use, complications can be severe or even fatal. If you stop taking your medication, you may experience uncomfortable symptoms of withdrawal. These symptoms are a sign of physical dependency, which is a normal result of regular use. Over time, you might build up tolerance to the medication and need your provider to increase your prescription to get the same effect. You may develop an intense craving for the drug even if you’re taking it as prescribed. If you become unable to control your medication use or if it starts creating problems in your life, you may have become addicted and could need special care to be tapered off of the drug. Overdose and misuse of these medications can lead to death.

Benzodiazepine Risks
Benzodiazepines can relieve severe anxiety but must be used with caution. It’s important to understand that we do not actually know if there are long-term benefits to using benzodiazepines, but we do know there are serious risks. These risks increase if you take opioids and benzodiazepines at the same time. If you suddenly stop taking your benzodiazepine medication, you may experience withdrawal symptoms such as anxiety, sweating, or nausea.

Side Effects
Everyone is different — it is impossible to predict which side effects you may experience from benzodiazepine medications. Here are some side effects that benzodiazepine users report:

<table>
<thead>
<tr>
<th>Common</th>
<th>Less common</th>
<th>Life-threatening</th>
</tr>
</thead>
<tbody>
<tr>
<td>dizziness</td>
<td>abnormal dreams</td>
<td>coma</td>
</tr>
<tr>
<td>drowsiness</td>
<td>agitation</td>
<td>low blood pressure</td>
</tr>
<tr>
<td>loss of balance</td>
<td>amnesia</td>
<td>seizures</td>
</tr>
<tr>
<td>sedation</td>
<td>confusion</td>
<td>slow breathing</td>
</tr>
<tr>
<td></td>
<td>hallucinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mood changes</td>
<td></td>
</tr>
</tbody>
</table>

If you’re having trouble with your medications or side effects, please call us at (530) 337-6243.

Understanding risks
I understand that it is impossible to know which side effects I may experience on my medications.

I understand that I am at risk of dependency and addiction as long as I take these medications.

I understand that I need to contact my provider if I don’t like how I feel or if I notice warning signs of addiction.

My provider has thoroughly explained my risks and has answered all of my questions.

Some questions to ask
How might benzodiazepines interact with my other medications?

Is there anything I can do to reduce negative side effects?

How will I know if I am starting to get addicted, and what should I do?
Hypnotic/Sedative Risks

Sedative medications are used to relax your nervous system. However, they must be used with caution—we do not actually know if there are long-term benefits to using sedatives, but we do know there are serious risks. If you suddenly stop taking a sedative, you may experience withdrawal symptoms such as restlessness or worsening insomnia.

Side Effects

Everyone is different—it is impossible to predict which side effects you may experience from sedative medications. Here are some side effects that sedative users report:

<table>
<thead>
<tr>
<th>Common</th>
<th>Less common</th>
<th>Life-threatening</th>
</tr>
</thead>
<tbody>
<tr>
<td>confusion</td>
<td>abnormal dreams</td>
<td>trouble breathing</td>
</tr>
<tr>
<td>constipation</td>
<td>amnesia</td>
<td></td>
</tr>
<tr>
<td>daytime drowsiness</td>
<td>depression</td>
<td></td>
</tr>
<tr>
<td>dizziness</td>
<td>Gl upset</td>
<td></td>
</tr>
<tr>
<td>headache</td>
<td>nausea</td>
<td></td>
</tr>
<tr>
<td>lethargy</td>
<td>slow reflexes</td>
<td></td>
</tr>
<tr>
<td>muscle aches</td>
<td>sleepwalking</td>
<td></td>
</tr>
<tr>
<td>sedation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>stuffy or runny nose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you’re having trouble with your medications or side effects, please call us at (530) 337-6243.

Stimulant Risks

Stimulant medications can improve your mental and physical functions, for example by making you more wakeful and alert and helping you move more easily. However, they must be used with caution—although stimulants are effective for day-to-day treatment, overdose or misuse can be fatal. If you suddenly stop taking your stimulant medication, you may experience withdrawal symptoms such as emotional agitation, depression, or trouble sleeping.

Side Effects

Everyone is different—it is impossible to predict which side effects you may experience from stimulant medications. Here are some side effects that stimulant users report:

<table>
<thead>
<tr>
<th>Common</th>
<th>Less common</th>
<th>Life-threatening</th>
</tr>
</thead>
<tbody>
<tr>
<td>headache</td>
<td>insomnia</td>
<td>chest pain</td>
</tr>
<tr>
<td>higher blood pressure</td>
<td>loss of appetite</td>
<td>very rapid heart rate</td>
</tr>
<tr>
<td>upset stomach</td>
<td>nervousness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tics and twitches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>weight loss</td>
<td></td>
</tr>
</tbody>
</table>

If you’re having trouble with your medications or side effects, please call us at (530) 337-6243.
3. Policy

In this section:
Learn how to fill your prescription and what our clinic needs from you.

Getting Your Prescription
Hill Country Health and Wellness must be the only provider/manager of your controlled-substance medications. You must arrange for your own refills by calling the front desk at (530) 337-6243. **You cannot ask for early or replacement refills.** You must have your prescription filled only at the pharmacy listed on the last page of this agreement. You must also agree to the expectations below.

To continue receiving medications and pain management care, you are expected to:
- Not accept or seek controlled substance medications from anywhere other than Hill Country. By signing this agreement, you allow Hill Country to access your medication history and contact regional pharmacies.
- Provide a 215 card if you use medicinal marijuana. It is your responsibility to keep an updated card on file at Hill Country.
- Keep Hill Country and any other provider you see informed of all medications you take, even over-the-counter medications.
- Comply with all random urine screenings and pill counts.
- Participate in any assessment or program as directed by your provider. This might include physical therapy, acupuncture, behavioral health, sleep studies, etc.
- Treat all clinic staff respectfully.

If your provider feels you may be misusing your medication or if you break this agreement by refusing to follow our safety guidelines, you may be tapered off of your medications or dismissed from pain management.

To Stay Safe While Taking Your Medications:
- Take all medications as directed.
- Protect your medications from loss and theft, as your prescriptions will not be replaced.
- Keep Hill Country up-to-date on all of your medications (even over-the-counter medications).
- Inform providers at the ER (or any other provider) of all medications you’re currently taking. If they give you new medications, be sure to inform Hill Country within 48 hours.
- Tell us if you feel you may have become addicted or if you’re having trouble complying with this contract.

Don’t drink alcohol or use illegal drugs.
Don’t drive or operate heavy machinery without knowing how the medication will affect you.
Don’t share your medications with anyone (even family).
Don’t take over-the-counter medications without talking to your provider — interactions can be dangerous.

Understanding policy
I understand that to keep everyone safe, I must follow the terms of this agreement.
If I do not, I may be dismissed.

I understand that it is my responsibility to arrange for my prescription refills, and that I cannot ask for early refills.

I understand that if I do not supply a urine sample for a random drug screening, I may be dismissed.

My provider has clearly explained this clinic’s policies to me and has answered all of my questions.

Some questions to ask
What if I accidentally lose my medication?
What if I need to drive to work or operate heavy machinery at my job?
What are pill counts and how do they work? What do I need to bring?
How do I keep my medications safe from anyone else taking them?
4. Agree

In this section:
Be sure to get all of your questions answered and agree to the terms in this document.

Agreement

By signing below, you give Hill Country Health and Wellness staff permission to contact local and regional pharmacies or other medical providers or hospitals as part of our ongoing need to monitor and manage your medications. By signing below you agree to follow all parts of the agreement as described in this document and understand that your provider may stop prescribing controlled substance medications at any time if he/she feels trust is lost.

Quick review

What are the signs of tolerance?
Of addiction?

What side effects might you experience and what will you do if you experience them?

When and how do you arrange for prescription refills?

What will you do if you have trouble following this agreement?

Medication 1  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 2  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 3  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 4  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 5  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 6  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Medication 7  
opioid  benzo  hypno  stimulant  Dose  Quantity  Date

Directions ................................................................................................................................................

Patient signature ........................................... Date

Responsible party (if not patient)  Relationship  Date

Primary Care Provider ........................................... Date

Pharmacy

Visit interval
4 weeks  8 weeks  12 weeks  16 weeks  other .............................................