

**CONTROLLED SUBSTANCE (NARCOTIC) AGREEMENT**

The purpose of this consent is to protect your access to controlled substances and to protect our ability to prescribe for you. **Please**

**note: This is valid only if Dr. Rampersaud, Dr. Shenava, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri is prescribing a narcotic for you.** As a new patient, we ask that you sign this agreement in the event your

treatment plan requires or calls for prescription medication; medications cannot be prescribed if this agreement has not been signed.

 Your hereby agree and acknowledge that:

1. If Dr. Rampersaud, Dr. Sheneva, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri issues a narcotic prescription, you are no longer permitted to get narcotics from another provider. **(NO EXCEPTIONS)**

2. Prescriptions will only be sent to one pharmacy. Changing pharmacies will be permitted once and only under special circumstances with prior approval.

3. You are expected to inform Insight Pain Management of any new medications and or medical conditions and of any resulting adverse effects during your course of treatment. 4. You authorize Dr. Rampersaud, Dr. Sheneva, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri and or physician office staff to discuss your narcotic prescription dispensing information with law enforcement, pharmacies and or other physicians prescribing medication.

5. You must read and follow drug instructions and warning labels given from the pharmacy. You realize all medications have potential side effects and interactions.

6. You understand that if the prescribed narcotics are not working and or you are having adverse reactions, prescription refill and management may be transferred to your primary care or pain management physician.

7. You will keep all scheduled appointments. Two or more cancellations with less than 24 hour notice or not being seen by Dr. Rampersaud, Dr. Sheneva, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri in the office for 6 continuous months can result in a termination of prescription narcotics.

8. Prescriptions will not be phoned in after hours, on weekends or holidays. No exceptions. 9. Timely request for refills of medications are solely the patient’s responsibility. You understand that you must leave a message on the **RX line only** for medication refills 48 hours in advance of your medication refill due date.

10. Early refills will not be given. You understand that you are responsible for taking medications as prescribed unless it is discussed and approved otherwise by Dr. Rampersaud, Dr. Shenava, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri.

11. It is your responsibility to keep your medication in a personal and secure location. Refills will not be given if your medication is lost, misplaced, destroyed, stolen, etc.

12. You understand that you must follow Dr. Rampersaud, Dr. Shenava, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri’s recommendations with regard to diagnostic imaging and or referral to outside physicians. Failure to follow through with care plan instructions will result in discontinuing narcotic prescribing and or discharge from the practice.

13. **Females only**: If you are pregnant or become pregnant while taking prescription narcotics, you will immediately notify Insight Pain Management. You are aware that Dr. Rampersaud, Dr. Sheneva, Dr. Sripada, Dr. Abid, Dr. Khan, Dr. Dobritt, Dr. Peskin, Dr. Khatri’s will not prescribe narcotics during pregnancy.

14. Unannounced, random urine screens may be requested to determine compliance with agreement and usage of prescribed narcotics and or illegal substances. **Refusal of such testing within 24 hours of notification,** usage discrepancy and or presence of unauthorized substances can result in discontinuing narcotic prescribing and possible discharge from care.

a.) In the event of your discharge and the termination of the physician-doctor

relationship, you will be provided with written notice of such termination.

b.) Insight Pain Management will continue to treat you for a period of thirty days; however, you are expected to find and transition your care to another pain

management physician within such a thirty day period.

c.) You acknowledge and explicitly agree that thirty days is sufficient time for you to transition your medical care to another pain management physician.

**Please**

**read this agreement carefully as it contains provisions addressing your**

**potential discharge from medical care and authorizations for disclosure of protected health information**.

I have thoroughly read, understood and accepted all of the above provisions. Any questions I had regarding this agreement have been answered to my satisfaction. It is understood that the failure to adhere to these policies may result in

cessation of therapy with controlled substances prescribed by your doctor.

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DOB Date Signed