

**Patient (Please Print Name)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Chart#** \_\_\_\_\_

**Alliance Pain Center**  
**OPIOID INFORMED CONSENT FOR PAIN TREATMENT AGREEMENT**

**Carefully read each item and sign at the end. Initial where needed**

**If you are pregnant or contemplating pregnancy, discuss with your provider**

**The signing of this agreement does not guarantee a prescription for opioids on the first visit or any visit thereafter.**

**Using Opioid Medications to Treat Pain**

1. These medications are used to treat moderate-to-severe pain.
2. These medications are best understood as potentially effective tools that can help reduce pain, improve function, and improve quality of life.
3. Using these medications requires that both the provider and the patient work together in a responsible way to ensure the best outcome, lowest side effects, and least complications.

**Where Do Opioids work?**

1. Opioid medications work at the injury site, the spinal cord, and the brain.
2. They dampen pain, but do not treat the underlying injury.
3. They may help to prevent acute pain from becoming persistent chronic pain.  
These medications may work differently on different people because of a number of factors determined by the individuals make up.
4. Side effects and complications will also vary by individual.

**Effects of Opioids at the Site of the Injury**

1. When a person is injured the number of opioid receptors in the area of injury rapidly increases, making opioid medications more effective for treating pain.
2. When opioids are used under the circumstances of moderate to severe pain, much of their activity is directed to the site of the injury.
3. This may explain why opioids are used to treat appropriate pain are less likely to cause mental side effects, such as euphoria.
4. Once the pain is under effective control, we can often use less medication to maintain pain control.

**Opioids also work in the Central Nervous System at the Spinal Cord and the Brain**

1. Probably the strongest effect of opioid medications is at the spinal cord, where they can decrease the pain signals being sent to the brain.
2. Opioids reduce pain at several sites of the brain to decrease the pain signal sent through the spinal cord from the injury site.
3. The brain sends its own signal to the spinal cord to further reduce the pain sign.

**What You May Expect When You Take Opioid Medications for Pain**

1. Pain relief.
2. Reduction of stress caused by pain.

**What Should Not Be Expected From Treatment with Opioid Medications**

1. Cure of the underlying injury.
2. Total elimination of the pain.
3. Loss of ability to feel other physical pain.

**Negative Effects of Opioid Medications Vary in Different People**

**1. Side effects.** Common effects may include constipation, dry mouth, sweating, nausea, drowsiness, euphoria, forgetfulness, difficulty urination, and itching. Uncommon effects include confusion, hallucinations, Shortness of breath, depression, and lack of motivation. Side effects may worsen if mixed with other drugs including alcohol and benzodiazepines including overdose and death.

**2. Physical dependency.** These medications will cause a physical dependency marked by an abstinence syndrome when they are stopped abruptly. If these medications are stopped or rapidly decreased, the patient will experience chills, goose bumps, profuse sweating, increased pain, irritability, anxiety, agitation, and diarrhea. The medicines will not cause these symptoms if taken as prescribed and any decision to stop these medications should be done under the supervision of your physician in a slow downward taper.

- 3. Psychological dependence.** Stopping medication abruptly, could lead to missing or craving the medication.
- 4. Addiction.** A certain percentage of patients may develop addiction problems based on genetic or other factors. Addiction is the desire for something that you know is harmful but you continue to do it. (e.g., Cigarette smoking, uncontrolled gambling, illicit drug use).
- 5. Tolerance.** More of the medication is needed to get the same effect.
- 6. Driving.** It is the responsibility of the person taking pain medication to know if they are impaired by their pain medication. You should never drive if you feel altered in any way when taking your pain medication.

### **Common Sense Rules for Using Opioid Medications**

1. Follow your medical provider recommendations/orders.
2. Do not take more pills than prescribed without discussing this first with your provider and receiving permission to do so.
3. Do not share opioid medications with family or friends. This is a felony!
4. Do not take opioid medications from family or friends. This is a felony!
5. Do not stop these medications abruptly. Dose reductions need to be discussed and cleared by your provider.
6. It is prohibited to sell opioid medications. This is a felony!
7. Do not take medications in any manner other than prescribed. For example do not chew or inject medications intended for oral usage.
8. Keep opioid medications out of reach of children.
9. Do not leave your prescriptions or medications lying around unattended for others to steal and abuse them while at home. Keep in a safe, preferably bolted down. Treat your opioids like a loaded gun.
10. Take only the amount of medication you need while away from home or on vacation to prevent the risk of all your medications being lost or stolen.
11. While traveling, never ship your medications in luggage. Keep them with you at all times in the original pharmacy labeled bottle.
12. Do not operate a motor vehicle or operate heavy machinery if you feel mentally impaired using opioid medications. You are responsible for exhibiting good judgment.
13. Alcohol will never be used when taking opioid medications; it is against the office policies and Washington State guidelines.
14. Keep a diary of the medications you are taking. This should include the dose, time of day you are taking them, effectiveness, and side effects.
15. Use a medication organizer to insure you are taking medications as prescribed.

### **Other Expectations for Using Opioid Medications**

1. Use one pharmacy and if you switch pharmacies let your office know about the change.
2. If other medical providers start other medications, inform the Alliance Pain Center medical provider who is treating your pain with opioid medications.
3. The Alliance Pain Center medical providers have permission to discuss your treatment with dispensing pharmacists and your other healthcare providers taking care of you.
4. Unannounced urine, hair and blood screens may be ordered and your cooperation is required. If unexpected substances are detected, referral for addiction treatment may be a requirement for ongoing treatment.
5. The Alliance Pain Center medical providers may require that you bring in your medications in their original bottles for pill counts.
6. If medications are lost, destroyed, or damaged, it is up to the Alliance Pain Center medical providers discretion to replace these or not. It is highly unlikely that your insurance company will provide coverage for this. We do not routinely replace.
7. If medications or written prescriptions are stolen a police report must be filed and a copy brought to the office for these medications to be considered for replacement and/or continuation.
8. Early refills must be discussed with the prescribing medical provider and may not be refilled if the medical provider feels that this is inappropriate.
9. Confidentiality is waived for the following circumstances:
  - a. Police investigation into suspicion of illegal use, diversion, or distribution of opioid medications by the patient.
  - b. Dispensing pharmacist questions regarding treatment.
  - c. Emergency room treatment
  - d. Ongoing treatment with other treating providers requiring full knowledge of patient's medications.

### Consequences of Failure to Follow Policies

1. You may be referred for a consultation with an addiction specialist.
2. Your medical provider may decide to discontinue treatment with controlled substances.
3. More frequent visits may be required by your medical provider.
4. Your medical provider may cease all treatment.
5. The medical providers have the right to contact law enforcement if they feel the medications are being abused in some way.

### Ongoing treatment with Opioid Medications

1. Is based on the medical providers' judgment of benefits outweighing risks.
2. The medical provider can discontinue the treatment at his or her own discretion

### Opioid Medications Are a Powerful and Often Highly Effective Tool in Treating Pain

1. They may have serious side effects and are highly controlled because of their potential for misuse and abuse
2. Used properly they can help restore comfort, function, and quality of life
3. For patients with pain, working in concert with their medical provider, opioid medications can be used safely and successfully.

### Opioids may be discontinued for the following reasons. Please read carefully and initial each item.

- |  |                       |
|--|-----------------------|
| • No improvement in function and pain  | Patient Initial _____ |
| • Use of alcohol or tobacco to relieve pain while being prescribed opioids (0% tolerance)  | Patient Initial _____ |
| • Signs of intoxication (alcohol odor, sedation, slurred speech, motor instability, etc.)  | Patient Initial _____ |
| • Opioid therapy produces significant adverse effects  | Patient Initial _____ |
| • Requesting more specific opioids   | Patient Initial _____ |
| • Patient exhibits drug-seeking behaviors or diversion   | Patient Initial _____ |
| • Concerns expressed by family member(s)   | Patient Initial _____ |
| • Selling or buying prescription drugs on the streets  | Patient Initial _____ |
| • Trading opioids for sex  | Patient Initial _____ |
| • Forging prescriptions  | Patient Initial _____ |
| • Stealing, hoarding or borrowings drugs   | Patient Initial _____ |
| • Losing prescription(s)   | Patient Initial _____ |
| • Aggressive demand for opioids  | Patient Initial _____ |
| • Injecting oral/topical opioids   | Patient Initial _____ |
| • Unsanctioned use of opioids  | Patient Initial _____ |
| • Unsanctioned dose escalation   | Patient Initial _____ |
| • Concurrent use of illicit drugs  | Patient Initial _____ |
| • Failing a drug screen  | Patient Initial _____ |
| • Getting opioids from multiple prescribers  | Patient Initial _____ |
| • Recurring emergency department visits for chronic pain management  | Patient Initial _____ |
| • Inconsistencies in patient history   | Patient Initial _____ |
| • Not notifying the provider or their Medical Assistant within 72 hours of receiving opioids from another provider for acute pain                        | Patient Initial _____ |
| • Not coming in for a random pill count and/or urine drug screen sample 24-48 hrs after being notified. This includes a message being left on your phone | Patient Initial _____ |

**I understand that compliance with the following is essential in continuing pain treatment with Ross Vogelgesang M.D. and all providers at Alliance Pain Center. Failure to do so could be cause to discontinue prescribing of opioid medications.**

- I will take medications only at the dose and frequency prescribed and not alter the form of my medications in any way.
- I will not request opioids or any other pain medication from provides other than Dr. Vogelgesang M.D and the providers of Alliance Pain Center. Should an emergency arise, and appropriate therapy should be started. Dr. Vogelgesang and his staff must be notified within 72 hours of any narcotic therapy instituted. This can be done by notifying the office and leaving a voice message. I will receive a conformation call within 1 business day.
- I will obtain all medications from one pharmacy and Alliance Pain Center has my consent to talk with the pharmacists.
- I will protect my prescriptions and medications. All medications will be secured in a safe or lock box.
- I will inform Dr. Vogelgesang and my provider of Alliance Pain Center of all other medications I am taking, and changes as they occur.
- I will make all medication refill requests in a timely fashion, giving at least 72 hours to complete my refill request.
- I will **not** use any amount of **alcohol or street drugs** while being prescribed opioids. ( 0% tolerance)
- The treating medical provider may ask me to follow through with treatment for addiction, which may include a 12 step program, individual counseling and inpatient or outpatient treatment modalities.
- I agree to participate in psychiatric or psychological assessments if requested.
- I understand that I **will** consent to random screening. A drug screen is a laboratory test that checks my urine, blood, or hair to see what drugs I have been and are currently taking. This test includes instant tests done in office or those sent to an independent laboratory. Alliance pain center chooses to use a laboratory in which one of the providers has partial ownership, but patients are free to speak with their insurance company and use a lab of their choice.
- I will keep my scheduled appointments with my medical provider at Alliance Pain Center. I will also keep an accurate phone contact and address available for clinic staff. I realize that any appointments rescheduled may not be in a timely matter for refills.
- I will make sure I know my medical insurance requirements and be responsible for presenting my current insurance card every time I am seen by a medical provider at Alliance Pain Center.
- I realize that I may be called in for a random medication pill count or a random urinary drug screen and to be there within 24 hours after my call
- I realize that I am responsible for any balances that are not covered under my health insurance.
- I realize that my medical provider can notify the proper authorities if he or she has reason to believe the patient has engaged in illegal activity.
- I realize that other medical providers may report violations of the agreement back to my medical provider at Alliance Pain Center
- I agree to a prescription of naloxone (reversal agent in the event of an accidental overdose) required by the Washington State Opioid Prescribing Rules 2018.

### **Consent for therapy**

Opioid medications are not proven to work long term for pain. Treatment plans that include opioids can be determined "experimental" and "not evidence based." Hence, treatment is based on individual response to therapy. Measuring of parameters focus on improvement in quality of life and functionality.

Best treatment includes adhering to the providers recommendations and prescribed regimen.

Failure to adhere to recommended therapy increases risk for poor outcomes, including death.

**I understand that by signing this form, noncompliance with the above can result in my discharge from Alliance Pain Center**

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Opioid Agreement Revisions

1. 4.16.19 Added last bullet to page 4 regarding the acceptance of a prescription for Naloxone. MP
2. 6.13.19 Page 3, added in section Opioids may be discontinued (Not coming in for a random pill count and Urine sample 24-48 hours after being notified. MP
3. 8.14.19 Page 3, added a bullet point of not notifying the provider or medical assistant within 72 hours of receiving opioids from another provider for acute pain.
4. 11/12/19 Page 2 revised 4 addiction changed the word small to certain, number 6 changed driving sentence. ejh
5. 1/22/2019 Hi Lited all that patients need to fill out, sign, or initial. MP
6. 12/15/2021 Corrected a few grammatical errors. KMW