

## Informed Consent Controlled-Substance/Narcotic Policy

The purpose of this policy is to prevent misunderstandings about certain medicines you maybe prescribed here at the River Valley Family Health Center. This is to help both you and your provider comply with the law and the River Valley Family Health Center procedure regarding controlled pharmaceuticals. Below are the guidelines regarding this policy.

I understand that taking narcotics may impede my ability to concentrate and think clearly. Side effects may also include constipation, dizziness, itching, nausea, and difficulty urinating. I also understand that the narcotics prescribed to me are intended to control, but not necessarily eliminate my pain. Most patients report considerable, but not complete pain relief. Taking narcotics regularly for a long period of time can cause physical dependence. Withdrawal symptoms, such as tearing, runny nose, difficulty sleeping, agitation, rapid heart rate, abdominal pain, and severe discomfort, can occur if I stop taking narcotics suddenly.

1. On a first new patient visit, no narcotics or other controlled substances will be prescribed in the absence of a clear, acute, injury.
2. Patients requiring chronic pain medications must enter a written drug contract, and agree to use only one provider to prescribe these pain medications.
3. Urine drug screens will be performed at every visit.
4. Chronic pain management requires individual visits to address the pain and its treatment independently of other medical problems. Typically this requires a dedicated visit every 3 months or more often.
5. Multiple phone calls to the River Valley Family Health Center requesting refills are not tolerated. I understand I will not be given refills without an appointment with my provider.
6. I will avoid alcohol and all illicit drugs while taking narcotics. This includes marijuana.
7. I will not drive, operate heavy machinery, or serve in any capacity related to public safety while taking narcotic medications.
8. I agree to use one healthcare provider to prescribe narcotics.
9. I will allow my healthcare provider to contact other associated healthcare providers to discuss my use of narcotic medications.
10. I will be asked to see a pain specialist or other chronic pain treatment modalities recommended by the provider.
11. I WILL TAKE MY MEDICATION EXACTLY AS PRESCRIBED BY MY PROVIDER. I WILL NOT TAKE MEDICATIONS IN EXCESS OF MY PROVIDERS INSTRUCTIONS.