

Physician and Patient Medication Management Agreement

This Agreement between _____ ("Patient") and Amit Bhargava, MD/ _____ ("Doctor") is for the purpose of establishing an agreement between Doctor/Patient on clear conditions for the prescription and use of pain controlling medications prescribed by the Doctor for the Patient. Doctor and Patient agree that this Agreement is an essential factor in maintaining the trust and confidence necessary in a doctor/patient relationship.

The Patient agrees to and accepts the following conditions for the management of pain medications prescribed by the Doctor for the Patient:

1. I understand that this Agreement is essential to the trust and confidence necessary in a doctor/patient relationship and that my doctor undertakes to treat me based on this Agreement.
2. I understand that a reduction in the intensity of my pain and an improvement in my quality of life are the goals program.
3. I realize that all medications have potential side effects. I will have the recommended laboratory studies required to keep my regimen as safe as possible and promptly notify the Doctor of any side effects I may experience.
4. I will communicate fully with my doctor about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain.
5. I realize that it is my responsibility to keep myself and others from harm, including the safety of my driving.
6. If there is any question of impairment of my ability to safely perform any activity, I agree that I will not attempt to perform that activity until I confer with the Doctor.
7. I will not dispose of any of my medications in any way until I confer with the Doctor.
8. I have the right to stop taking a medication, but I must consult with my doctor first.
9. I will not use any illegal controlled substances, including marijuana, heroine, cocaine, etc., nor will I misuse or self-prescribe/medicate with legal controlled substances. Use of alcohol will be limited to time when I am not driving, operating machinery and will be infrequent.
10. I will not share, sell, or trade any of my medications for money, goods or services.
11. I will not obtain pain medications from any other health care provider. I will inform all health care providers about the pain medications prescribed by the Doctor. I will inform the Doctor of all my current prescriptions.
12. I will safeguard my medications and prescription slips to prevent loss or theft and agree that the consequence of my failure to do so is that I will be without that medication for a period of time.
13. I agree that I will use my medications at a rate **NO** greater than what is prescribed and my use of my medications at a greater rate will result in my being without medications for a period of time.
14. I agree that refills of my prescriptions for pain medications will be made only at the time of an office visit or during regular office hours. No refills will be available during evenings or on weekends.
15. I agree to use _____ Pharmacy, located at _____ telephone # _____ for all my pain medications. If I change my pharmacy for any reason, I agree to notify the Doctor at the time I receive my prescription/prescriptions.
16. I agree to waive any applicable privilege or right of privacy or confidentiality with the respect to the prescribing of medications and I authorize the Doctor and my pharmacy to cooperate fully with any city, state, or federal law enforcement agency, including the State Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medications, I authorize the Doctor to provide a copy of this agreement to my pharmacy.
17. I agree that I will promptly submit to a urine, blood and/or saliva test when requested.
18. I will bring unused pain medicine to every office visit.
- 19. Noncompliance with the above agreement could be grounds for discharging the patient from the practice.**
20. My questions and concerns regarding treatment have been adequately answered. A copy of this document has been given to me.

Doctor and Patient agree that this Agreement is essential to the Doctor's ability to treat the Patient's pain effectively and that the failure of the Patient to abide by the terms of this Agreement may result in the withdrawal of all prescribed medications and termination of the Doctor/Patient relationship.

This Agreement is entered into on the _____ day of _____, 20_____

Patient

Physician

Witness