



Accurate Clinic

2401 Veterans Memorial Blvd. Suite 16
Kenner, LA 70062 - 4799
Phone: 504.472.6130 Fax: 504.472.6128

www.AccurateClinic.com

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

The long-term use of "controlled substances" such as opioids (narcotic analgesics, including buprenorphine and Suboxone), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician in this clinic to consider the initial and/or continued prescribing of controlled substances to treat you.

1. All opioids for management of your pain (or substance use disorder) must come from a physician associated with Accurate Medical Clinic, unless: 1. Specific authorization is obtained for an exception, OR, 2. If an urgent or emergency medical condition requiring assessment by another physician and the condition requires urgent or emergency pain management by that physician. Failure to follow this rule may result in termination of buprenorphine management.
2. All controlled substances should be obtained from the same pharmacy, when possible. Should the need arise to change pharmacies, our office should be informed in a timely manner.
3. You agree to inform our office in a timely manner of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that we prescribe to you.
4. For purposes of safety and maintaining accountability, the prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other medical professionals who provide your health care.
5. You may not share, sell, or otherwise permit others to have access to the medications we prescribe to you.
6. Opioids and sometimes other medications prescribed to you should not be stopped abruptly, as an abstinence syndrome may likely develop. Please discuss suddenly stopping any of your medications with your prescribing physician before you do so.
7. Unannounced urine, saliva and/or serum toxicology screens will be requested, and your cooperation is required. Presence of unauthorized substances or other inappropriate findings may result in a change in your treatment plan or you may be terminated from controlled substances management.
8. Your medications, or the prescriptions for your medications, may be sought by other individuals so they should be closely safeguarded. They should not be left where others might have access to them. Because these medications may be hazardous or lethal to someone who is not tolerant to their effects, you must keep them out of reach of others, especially children and pets. If you fail to safeguard your medications, you may be terminated from controlled substances management.
9. You may be asked to bring in your original containers of medications for each office visit or you may be called into the clinic for a random pill count.
10. Medications will not be replaced if they are lost, stolen, get wet, get destroyed, left on an airplane, etc. The physician may, on rare occasions under special circumstances, make an exception to this rule.
11. You agree to notify any prescribing physician providing medical care to you that you are currently in a chronic



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buprenorphine management program at Accurate Clinic and notify the physician of the medications prescribed. You are provided with a **“wallet card,”** (your appointment card) with this information on each visit and you are expected to show this card to other clinicians managing your care. It is advised that you have the clinician place a copy of this card into your medical record. Failure to follow this rule may result in termination from controlled substances management.

12. Early refills will generally not be given. Prescriptions cannot be issued early if the physician or patient will be out of town when a refill is due. Please make arrangements with the clinic for appropriate follow-up appointments.

13. If responsible legal authorities have questions concerning your treatment, all confidentiality is waived; these authorities may be given full access to our records of controlled substances administration.

14. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribed by this physician.

15. Prescriptions for controlled substances are contingent upon keeping scheduled appointments. No controlled substance prescriptions will be provided after hours or on weekends.

16. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of safety and benefit.

17. The potential risks of opioid therapy are explained in the “Opioids for Chronic Pain Management - Informed Consent.” You acknowledge that you have received and understood the contents of this document. You are advised and expected to read and retain all educational materials provided to you by this clinic as well as those provided by the pharmacy filling your prescriptions.

18. I understand that medication alone is not sufficient treatment for my condition and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

19. While the counseling is included in the monthly fees, if I fail to keep my scheduled appt. with the LAC, w/o providing 24 hour notice first, I am responsible for paying the standard fee for a one hour counseling session (\$85) for the missed appt.

20. I agree not to obtain medications from any other doctors, pharmacies or other sources without telling my treating physician. If I am prescribed medication for sleep, anxiety or pain from another physician, I will notify Accurate Clinic staff prior to filling and/or taking the medication(s).

21. I understand that mixing buprenorphine with other medications, especially benzodiazepines (Valium, Klonopin, Xanax, Lorazepam, etc.), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).

22. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

23. Aberrant behavior or failure to adhere to this “Buprenorphine Controlled Substance Agreement” or other conditions set forth in the “Buprenorphine Management - Informed Consent” will result in reassessment of management and may require additional drug screening, counseling, educational intervention and/or referral for intensive substance abuse treatment as well as possible termination of controlled substances management at this clinic.



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This consent is valid for 12 months from date of signature below. I acknowledges understanding of this consent and any questions have been answered

Patient 's signature: _____ Date: _____

Patient 's name printed: _____