



Your Chronic Pain Care Agreement

This agreement is for all patients with chronic pain who are treated with opioids. It is based on guidance from the Centers for Disease Control and Prevention (CDC). This agreement is between you and the doctor who will handle your pain care.

There are many methods to treat chronic pain. Some of these are meds, physical therapy, or specialty visits. Your pain doctor knows the best methods for you. You need to try all other methods your pain doctor suggests. Opioids are also a method to treat chronic pain. Opioids do not work for all people. They may have side effects, which can be harmful. The goal is for you to take the lowest dose of opioid that helps you.

Because these drugs can have serious risks for your health, we have strict rules. You must agree to them so you can have safe and good care.

(For All Patients): I know and agree to the rules below

1. Addiction means using a drug even if it is harmful. It is craving a drug, or feeling the need to use a drug. It is more common in a person who has family or personal history of addiction to drugs or alcohol.
I agree to tell my pain doctor about all of my drug use. I will tell about my family's drug use to the best of my knowledge
2. If opioids are not working for me, the dose may be lowered or stopped
3. All opioids must come from the doctor listed below or by the doctor's partner. More than 1 source can lead to harmful drug mixtures and poor care
4. Long term use of opioids can cause serious health risks. I may have side effects that make opioids a poor choice for me. I will tell my pain doctor of any side effects I have such as
 - a. constipation (can't poop)
 - b. dry mouth
 - c. upset stomach
 - d. throwing up
 - e. feeling sleepy
 - f. not thinking clearly
 - g. signs of withdrawal
5. Tolerance means I may need more medicine to get the same level of pain relief. Raising my dose may not help or be safe. My pain doctor may make a choice other than opioids
6. Physical dependence is normal after using opioids for a long time. It is not the same as addiction. If my opioid dose is lowered or stopped, I may have signs of withdrawal. Withdrawal will not cause death. Signs can be
 - a. runny nose
 - b. yawning
 - c. large pupils
 - d. goose bumps
 - e. stomach pain
 - f. diarrhea (loose poop)
 - g. grouchy mood
 - h. flu-like feeling



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7. My pain doctor will look up my med orders through the Controlled Substance Registry. All meds from any doctor's office or hospital will be looked up.
8. I will get all my drugs from the same pharmacy (drug store). If I need to change pharmacies, I will tell my pain doctor's office. The pharmacy that I choose is: _____ . Phone: _____.
9. My pain doctor may talk about my health and care with the pharmacist. My pain doctor will also talk with other members of my healthcare team. This makes sure I get the best care.
10. There is danger of overdose and death if I use opioids with benzodiazepines, other sedatives, alcohol, heroin, or other opioids.
11. I will talk with my pain doctor about routine use of opioids. Using opioids for a long time can cause serious health risks and overdose. If I take high doses, use benzodiazepines, or have certain health problems, I have a higher chance of overdose. My pain doctor may order naloxone. This drug can save my life if I overdose. I know these risks.
12. Opioids can make me sleepy or change my mental ability. This can make it unsafe to drive a car or use heavy equipment. The effects of these drugs may change if my dose is changed.
13. I will take my drugs only as ordered, unless I have side effects. If I have side effects, I will tell my doctor or local emergency providers.
14. I will not stop these drugs quickly or without telling my pain doctor. Stopping quickly may cause withdrawal.
15. My urine (pee) may be tested for drugs, both ordered and illegal. This test is done before I start opioids and at least 1 time each year. Unplanned urine testing may also be done. A urine test may show I have used illegal drugs or drugs not ordered for me. It may also show I have not taken my ordered drugs. In either case, my pain doctor may lower my dose of opioids or stop giving them to me.
16. I will not share, sell, or let others have access to my drugs. My drugs may be harmful or deadly to others. I will keep them safe, locked, and out of reach of children.
17. I must come to my scheduled appointments to get more opioids. I will not call for prescriptions after hours or on weekends. I will not get a new prescription early. If I get any opioids in an emergency room, I will tell this office within 48 hours.
18. I agree that my privacy is waived and my meds record will be released if legal authorities have questions about my care. This may happen if I do not follow the rules in this agreement.
19. My pain doctor explained the risks and benefits of opioids. I have been able to ask all my questions.



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(For Males): Routine opioid use can cause low testosterone levels in males. This may change my mood, stamina, sex drive, and physical and sexual performance. My doctor may check my blood to see if my testosterone level is normal.

(For Females or Pregnant Women): The drugs ordered may affect my pregnancy and the growth of my child. These effects may happen even if I stop using the drugs later in my pregnancy. My child will be physically dependent on opioids and need to be treated at birth. This may cause lasting harm to my newborn child, maybe even death. The way my child acts and learns could be affected by these drugs. I know that the drugs can be passed to my baby in breast milk. I should not breast feed.

I agree that not following these rules may result in my pain doctor lowering or stopping my prescription.

I am getting this drug to see if it helps my function and my pain. I will keep getting this drug unless I show progress.

Patient Signature: _____ **Date:** _____

Patient Name (Printed): _____ **Pain Doctor Name:** _____

Interpreter's Statement:

I have provided interpretation of Your Chronic Pain Care Agreement to the patient or their representative in a language or means of communication that the patient or representative has indicated they are reasonably likely to know.

Language: _____

Name of Qualified Medical Interpreter:

Interpreter Signature: _____ **Date:** _____ **Time:** _____

In-Person Interpretation

Video Remote Interpreter

Language Line Used

Atrium Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-821-1535.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 800-821-1535.