



Narcotic Drug Treatment Agreement

By signing this form, you agree that you understand the rules for taking narcotic drugs. If you do not follow these rules, your provider may refer you to a specialist and/or no longer prescribe pain drugs for you.

Drug safety:

1. You must lock your drugs in a safe place. They must be kept away from children.
2. It is a criminal offense and a violation of the UNC Honor Code to give or sell these medications to others.

Instructions for taking narcotic drugs:

1. You must stop taking all pain drugs that you have used in the past unless your provider has told you it is safe to keep taking them.
2. Do not stop taking your narcotics suddenly.
3. Do not drive after a new pain drug is started or after the dose is increased until you are sure it does not make you sleepy or confused.
4. Do not try to cut or crush your drug unless told to do so. This could cause death.
5. Your drug will be stopped if it is not helping enough or if it harms you.
6. You must tell your provider about any new drugs or health conditions. Your drug may not work well or may work differently if you have certain health conditions.
7. You must tell your provider about problems you have with any drugs.
8. If you are pregnant, then you must let your provider know right away

Prescriptions and refills:

1. You will be required to see the same provider (or his/her designated associate(s)) for your narcotic prescription refills. You may not ask for pain medications from any other providers.
2. Never try to physically change a written or printed prescription. It is a criminal offense and a violation of the UNC Honor Code to alter prescriptions for narcotic medications.
3. Your prescription will not be replaced if it is lost, stolen, or destroyed.
4. **You will need to let our office know three (3) days ahead of time if you need a refill.** Early refills may not be given. To get refills, you must keep your office appointments or contact your prescriber as directed. Prescriptions will only be given Monday through Friday during normal business hours.

Appointments:

1. You must keep all appointments with providers, therapists, and counselors. If you miss or cancel appointments, your provider may slowly decrease your dose of narcotic drug until you are no longer taking it.
2. Bring your medication bottles to each office visit.

Consent and Agreement to Treatment

___ Patient Initial: The first page of this form informed you of the risks, likely results, other choices, and problems that could happen with narcotic drugs. If, after you have read and reviewed this form with your provider, you do not believe that you really understand the risks, likely results, other choices, and possible problems of narcotic drugs, **do not sign the form until all your questions have been answered.**

I have ___ no known drug allergies **or** ___ the following drug allergies: _____

I understand all the facts given to me on the first page of this form. I give my consent to _____ and his/her associates to prescribe narcotic drugs for me. By my signature below I agree that my provider has discussed all of the facts in this form with me, that I have had the chance to ask questions, and that all of my questions have been answered.

Signature of Patient or Responsible Party	Printed Name of Patient or Responsible Party	Date and Time
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Provider: I confirm with my signature that I have given the patient educational material and have discussed with the above-named patient the risks, likely results, other choices, and possible problems of narcotic drugs. The patient has had the chance to ask questions, all questions have been answered, and he or she has expressed understanding. Thus informed, the patient has asked that I prescribe narcotic drugs for him or her.

Provider Signature	Printed Name of Provider	Date and Time
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