



Controlled Substance Agreement

I. Purpose and Scope:

The purpose of this agreement is to ensure that controlled substances prescribed for the management of your pain or other medical condition are used safely, legally, and effectively in accordance with the Texas Controlled Substances Act (Texas Health & Safety Code Chapter 481), Texas Prescription Monitoring Program (PMP) requirements, and the federal Controlled Substances Act (21 CFR Part 1306).

Controlled substances, including narcotics, tranquilizers, and barbiturates, may be useful in managing pain when used appropriately and in conjunction with other treatments such as injections, physical therapy, surgery, or psychological interventions. However, these medications also carry significant risks for misuse, addiction, and dependence.

II. Medications Covered:

This agreement applies to all Schedule II–V medications prescribed by this practice, including but not limited to opioids, benzodiazepines, stimulants, barbiturates, and carisoprodol.

III. Patient Responsibilities:

1. Take medications exactly as prescribed. Do not change the dose, frequency, or method of use without prior approval from your physician.
2. Use one pharmacy and notify the practice of any change. Tampering with or altering a prescription is unlawful and grounds for dismissal from the practice.
3. Attend all scheduled appointments and undergo periodic in-person evaluations at least every 90 days for opioids, or more frequently as directed.
4. When requested, submit to random urine or oral fluid drug screening, PMP reviews, and pill counts. Failure to comply may result in discontinuation of controlled substances.
5. Keep medications secure and out of reach of others. Lost, misplaced, or stolen medications will **NOT** be replaced.
6. Do not lend, share, or sell your medication. Do not receive, borrow, or purchase controlled substances from anyone not authorized to prescribe.
7. Do not use marijuana, kratom, illicit drugs, or non-prescribed controlled substances. Combining controlled substances with alcohol, sedatives, or other prescription medications can impair thinking, judgment, reaction time, and may be life-threatening. Such behavior may result in the immediate discontinuation of therapy.
8. Do not drive or operate any motorized vehicle or equipment while impaired or sedated. You are responsible for complying with all state laws regarding impairment. Spine Team Texas and its providers are not liable for any injury or damage resulting from doing so.
9. If prescribed naloxone, carry it with you and ensure you and a family member know how to use it in the event of an overdose.
10. If of child-bearing potential, use reliable contraception and notify your provider immediately if you become or intend to become pregnant.
11. Inform all healthcare providers, including emergency, surgical, and dental, that you are enrolled in this agreement. Do not obtain additional controlled medications for the same condition from other providers. If an emergency provider prescribes a controlled substance, notify your Spine Team Texas provider on the next business day.
12. Refills of controlled medications are processed only during regular business hours (Monday–Friday,

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excluding holidays) and may take up to 72 hours to complete. Refills will not be issued after hours, on weekends, or for early or improper use. Controlled prescriptions may require an office visit. Prescriptions will take a few hours to process at the pharmacy and will not be immediately available for pick-up once sent in.

13. Abusive, threatening, or disruptive behavior toward staff or providers will not be tolerated. Abusive behavior is grounds for discharge from the practice.

14. Common side effects of controlled substances may include constipation, nausea, vomiting, drowsiness, itching, dizziness, low blood pressure, urinary retention, insomnia, depression, hormonal changes, impaired judgment, respiratory depression, and even death.

IV. Practice Responsibilities:

1. Prescribe controlled substances only when medically indicated and in compliance with all state and federal laws.
2. Educate the patient regarding benefits, safe use, storage, side effects, and disposal.
3. Review the Texas PMP prior to each prescription of opioids, benzodiazepines, barbiturates, or carisoprodol.
4. Coordinate care with other providers and ensure continuity among the care team.
5. Taper or discontinue medications safely if risks outweigh benefits or if the agreement is violated.

V. Medication Management Conditions:

- Schedule II medications cannot be refilled; sequential prescriptions (up to a 90-day supply) may be issued with 'earliest fill' dates in accordance with 21 CFR §1306.12 and Texas Health & Safety Code §481.075.
- Telephone or electronic refills for Schedule II medications are prohibited except in a bona fide emergency as defined by DEA regulations.
- Controlled prescriptions will not be issued after hours, on weekends, or holidays.
- Medication use may be reassessed periodically; if benefits no longer outweigh risks, therapy may be modified or discontinued.

VI. Monitoring and Compliance:

- Random urine, blood, or oral fluid drug testing may be required to verify compliance and confirm proper medication use. Testing may include initial screening and quantitative confirmation. Associated costs will be billed by Spine Team Texas and contracted laboratories.
- Random pill counts may be requested at any time. Failure to comply constitutes a violation.
- Functional and computerized psychological assessments may be performed periodically to evaluate effectiveness and identify risk factors. Additional charges apply for any required psychological testing.
- If misuse or concerning behaviors are identified, your physician may adjust therapy, initiate a taper, or refer you to specialized treatment.
- The combined use of opioids and benzodiazepines (e.g., Valium, Xanax) can cause serious side effects and significantly increases the risk of overdose. Providers may discontinue one or both medications if deemed unsafe. Noncompliance may result in discontinuation of opioid therapy or dismissal from the practice.

VII. Termination of Agreement:

Controlled substance therapy and/or continued care at Spine Team Texas may be discontinued for any of the following reasons:

- Evidence of diversion or obtaining controlled substances from undisclosed providers.
- Abnormal or inconsistent drug screen results.

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- Failure to comply with any term of this agreement.
- Missed or repeated no-show appointments.
- Abusive or threatening behavior toward staff or providers.
- Serious adverse events or medical/psychiatric condition that contraindicates continued therapy.
- Violation of state or federal law involving controlled substances.

VIII. Acknowledgment and Authorization:

I understand that controlled substances can be a safe and effective part of treatment when used appropriately, but they also carry risks of addiction, misuse, and other serious side effects. I am aware that government agencies monitor prescribing activity to ensure patient safety and regulatory compliance. I have read (or had read to me) this agreement, understand its contents, and have had the opportunity to ask questions. I agree to comply with all terms of this agreement and to use my prescribed medications safely and responsibly.

I authorize Spine Team Texas and its providers to release necessary health information for compliance monitoring, including access to the Texas Prescription Monitoring Program and communication with my healthcare providers and pharmacies. I authorize Spine Team Texas and my pharmacy to cooperate fully with any city, state, or federal regulatory agency, including the Texas Board of Pharmacy, in the investigation of any possible misuse, sale, or diversion of my medications. I waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.

I understand that violation of this agreement may result in tapering or discontinuation of controlled substance therapy, referral to addiction treatment services, or dismissal from the practice. I have received a copy of this agreement for my personal records.

Patient Signature: _____ Date: _____

Patient Name (Printed): _____

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