

Boston Medical Center – Adult Primary Care
CONTROLLED SUBSTANCE PATIENT-PROVIDER AGREEMENT (PPA)

The use of _____ (medication e.g., opioid pain, sedative)
is only one part of treatment for: _____ (condition e.g. pain, anxiety).

The goals for using this medicine are:

- To improve my ability to work or function at home.
- To help my problem as much as possible.

Provider Responsibilities

- To make sure this medicine is helping and not hurting you.
- To NOT continue medicines prescribed by others unless they are safe and are the best treatment for your problem.
- To routinely check the state Prescription Monitoring Program, to see the medicines that you are getting from me and others.
- To have your refills signed when they are due.
- To work with other specialists to make sure you are getting the best treatment for your problem.
- To provide primary care for you whether or not you are getting this medicine.
- To refer you for addiction treatment if you become addicted to this medicine.

Patient Responsibilities

- I will follow the treatment plan including keeping all appointments set up by my provider. For example these may include primary care, physical therapy, mental health, addiction treatment, and pain management.
- I am responsible for my medicines. I will not share, sell or trade my medicine.
- I will keep my medicine in a safe place where no one else will be able to take them. They could be very dangerous to others, especially children.
- I will not take anyone else's medicine.
- I will not take extra medicine.
- I will dispose of the medicine properly such as flushing it in the toilet if I no longer need it.
- I understand that my medicine will probably not be replaced if it is lost, stolen, damaged or used-up sooner than prescribed.
- I will bring the original pill bottles with all unused pills of this medicine to each clinic visit for pill counts. This includes visits with nurses or my provider.
- I will come in for a pill count and urine drug test anytime I am asked to do so, even if I don't have a clinic appointment on that day.
- I agree to give a urine sample for drug tests on the day it is requested whenever I am asked.
- I will not use any street or illegal drugs. I will not use any medications that have not been prescribed for me.
- I will not drink alcohol while taking this medicine unless my provider says it is safe to do so.
- I understand that use of this medicine is a test or trial. My provider will continue this medicine only if the medicine is helping and not hurting me.
- I will treat all people working in the primary care clinic with respect.

Prescriptions from Other Providers If I get a pain medicine, sleep or anxiety medicine or a stimulant medicine from someone outside of primary care such as a dentist, psychiatrist or emergency room provider, I will tell my provider or nurse the next time I am in primary care clinic. I will bring this medicine to primary care in the original bottle even if the bottle is empty.

Refills

- Refills will be available after 3:00 PM on the due date. This will usually be 28 days after your last prescription. I will NOT call the clinic for refills.
- Refills will be available during regular office hours—Monday through Friday
- No refills for this medicine on nights, holidays or weekends.
- No refills for this medicine by the on-call provider.
- No early or emergency refills may be made.
- I will pick up my refill prescription myself whenever possible. At rare times I will notify the clinic before the prescription is due, that a family member or friend will pick up the prescription for me.

Privacy: While I am taking this medicine, my provider may need to contact other providers or family members to get information about my care and use of this medicine.

Stopping the Medication: If I do not follow this agreement, or if my provider decides that this medicine is hurting me more than helping me, this medicine will be stopped in a safe way.

I have been told about the possible risks and benefits of this medicine

- The medicine may help my problem but may cause other problems like addiction, overdose and death.
- When I start this medicine, when my dose is increased or if I drink alcohol or use street drugs, I may not be able to think clearly. I could become sleepy and have an accident.
- I may get addicted to this medicine. This could cause me to get into trouble and have problems at home or work.
- If I or anyone in my family has a history of drug or alcohol problems, I will have a higher chance of addiction to this medicine.
- If I take this medicine every day, my body will get used to it. I may get sick if I stop the medicine all at once.

I have talked about this agreement with my provider and I understand it. I have had an opportunity to ask questions about the potential benefits and risks of this medicine.

Patient’s name signature Date

Provider’s name signature Date

Signed copy to BMC Medical Records department and a copy given to the patient.