

**ALAN SIEGEL, M.D.**  
**INTERVENTIONAL PAIN MANAGEMENT**  
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\_\_\_\_\_  
Patient Name

## **MEDICATION AGREEMENT**

We are committed to doing all we can to treat your chronic pain condition. In some cases, controlled substances are prescribed as a therapeutic option in the management of chronic pain, and this form of treatment is strictly regulated by both state and federal agencies. This agreement is a tool to protect both you and the physician by establishing guidelines, within the laws, for proper controlled substance use. The words "we" and "our" refer to Dr. Siegel's medical practice and the words "you", "me," or "my" refer to you, the patient.

1. All controlled substances must come from Dr. Alan Siegel or, during his absence, from the covering physician, unless specific authorization is obtained for an exception. I understand that I must inform Dr. Siegel or, during his/her absence, the covering physician, of all medications that I am taking, have purchased, or have obtained, including over-the-counter or herbal medications. Failure to do so may result in dangerous drug interactions or overdoses that could result in harm to me, including death. I will not seek prescriptions for controlled substances from any other physician, healthcare provider, or dentist. I understand that it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff or knowingly withholding facts from a physician or his/her staff (including failure to inform the physician or his/her staff of all controlled substances that I have been prescribed).
2. All controlled substances must be obtained at the **SAME PHARMACY**, when possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

Pharmacy Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. You may not share, sell, or otherwise permit others, including spouse or family members, to have access to any controlled substances that have been prescribed for your pain condition.
4. Urine or serum toxicology specimens (drug testing) may be requested from you, and your cooperation is required. Presence of unauthorized substances or other inconsistencies in urine or serum toxicology screens may result in your discharge from this medical practice. Please note that your insurance company may not cover the cost involved in this process. Therefore, you may be responsible for the cost of a random drug screening as part of your prescription medication program.

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5. I will not consume excessive amounts of alcohol in conjunction with controlled substances. I will not use, purchase, or otherwise obtain any other legal drugs except as specifically authorized by Dr. Alan Siegel or, during his absence by the covering physician, as set forth in Section 1 above. I will not use, purchase or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance or any combination of substances (e.g., alcohol and prescription drugs), may impair my driving ability and could result in DUI charges.
6. Medications or written prescriptions may not be replaced if they are lost, stolen, destroyed, left on an airplane, eaten by pet, placed in a washing machine, etc. If your medication has been stolen, it will not be replaced unless explicit proof (e.g. Police Report) is provided with direct evidence from authorities. A personal report narrating the event will not be considered sufficient evidence to replace a stolen prescription.
7. I understand that I must use my medications according to the directions included on the prescription and that **early refills will not be provided**. Prescription renewals are based on the patient keeping scheduled appointments. Patients will not request prescriptions after hours or on weekends. Prescription refill requests must be submitted to Dr. Siegel's assistant by **at least 48 hours** before my medication supply is exhausted in order to give the doctor ample time to honor my request.
8. In the event you are arrested or incarcerated related to legal or illegal drugs (including alcohol), refills on controlled substances will not be provided.
9. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by this physician and other physicians in the practice and that law enforcement officials may be contacted.
10. I affirm that I have full right and power to sign and be bound by this agreement, and that I have read it and understand and accept all of its terms. A copy of this document has been given to me.

Patient's Signature: \_\_\_\_\_

Patient's Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Copy Given to Patient \_\_\_\_\_

First Warning Date \_\_\_\_\_

Discharged From Practice \_\_\_\_\_