

Clayton Medical Associates, P.C.
CONTROLLED SUBSTANCE AGREEMENT

We, at Clayton Medical Associates, P.C., are committed to doing all we can to treat your chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain; this 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 and controlled substance use.

1. All controlled substances must come from John J. Budd III, MD, Umar Daud, M.D. or Sona S. Kamat, M.D. unless specific authorization is obtained for an exception. I understand that I must tell my physician, or the covering physician, all drugs that I am taking, have purchased, or obtained, even over-the-counter medications. Failure to do so may result in 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 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, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy you have selected is:

_____ Telephone: _____

3. You may not share, sell, or otherwise permit others; including spouse or family members, to have access to any controlled substances that you have been prescribed.

4. Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. We will file a claim with your insurance company for the drug screening test and you will be responsible for any amounts not covered by your insurance. Presence of unauthorized substances in urine or serum toxicology screens may result in your discharge from this facility.

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 my physician or 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) which impairs my driving ability, may result in DUI charges.

6. Medications or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided with direct evidence from authorities. You stating what you told authorities is not enough.

7. Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.

8. In the event you are arrested or incarcerated related to legal or illegal drugs (including alcohol); refills on controlled substances will not be given.

9. I understand that failure to adhere to these policies may result in termination of therapy with controlled substances prescribed by the physicians at Clayton Medical Associates, P.C. 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 agreements, and that I have read it and understand and accept all of its terms. A copy of this document has been given to me.

Patients Name: _____ DOB: _____

Patient's Signature _____ Date _____

Witness Signature _____ Date _____