

Ahsan U. Rashid, M.D., F.A.C.P.

## OPIOID MAINTENANCE AND CONSENT

**Instructions: Review this document before signing. This document will help both the patient and caregivers in establishing a medical program which does not abuse the privilege of these medications.**

**Patient Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This document gives you the consent agreement to the following program rules. Please read this agreement carefully. The opioid (narcotic) medications are used due to intractable chronic pain. These medications are highly addictive, therefore the need for close supervision and restriction.

### 1. Physician-Patient Relationship

While enrolled in the program, you will only take your medications as prescribe by your treating physician, Dr. Ahsan Rashid. No other physician or institution is to prescribe narcotic medication while you are under treatment with Dr. Rashid, unless other emergency circumstances which you will notify Dr. Rashid. During scheduled visits, you will discuss your pain control issues with you treating physician. Independent dose changes or multiple treating physicians for narcotics are grounds for dismissal from treatment with Dr. Rashid. Active co-treatment with a clinical psychologist or psychiatrist may be required during opioid maintenance therapy.

### 2. Pharmacy Selection

Enrollment in the program includes your selection of pharmacy. Your designated pharmacy will maintain a record of this document.

### 3. Clinic Appointments

Enrollment in the program necessitates regularly scheduled follow-up clinic appointments with your treating physician. These visits are mandatory for participation in the program. You may need to request increased frequency of clinic visits at intervals. Frequent rescheduling clinic appointments and/or requesting further medication over the telephone is prohibited and grounds for dismissal.

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

\_\_\_\_\_  
Date

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

#### 4. Use of Prescription

I understand that if I consume opioids in an amount above that which is prescribed; sell them; loan or give them to someone; or use another mind-altering drug along with the opioid (including alcohol); the clinic reserves the right to refuse to prescribe additional opioids and to refuse further treatment immediately. Likewise, the clinic reserves the right to report me to the proper Law enforcement agency should prescription misuse arise.

I understand the clinic will not do any of the following;

- a. Refill narcotic by phone
- b. Refill narcotic prescription before a scheduled appointment
- c. Refill narcotic prescription because medication is lost or stolen, for any reason.

I understand that I should keep a minimum of three days reserve supply of medications at all times.

I understand that a missed clinic appointment must be rescheduled within 72 hours.

I understand that narcotic prescription may impair my ability to drive and I will not drive if impaired while using this medication.

Females: I understand if I should become pregnant, my baby will be at risk for physical dependence on the opioid and at risk for malformation or death of my baby due to medication.

I understand that I may leave the opioid maintenance program at anytime; I may re-apply to the program at anytime, unless dismissed as outlined above.

I understand that a gradual taper of medication may be required during the program. This may or may not be possible in an outpatient setting. However, this may be attempted. Inpatient detoxification from medications may be recommended at some time during treatment. This hospitalization is not mandatory, but may be anticipated to be necessary.

Dr. Ahsan Rashid may request plans for inpatient management and this may be necessary and required in the future. If tapering of medication is not possible through outpatient management, or if behaviors are erratic or if medical issues warrant, a referral may be made to either private or public health care facilities for continued detoxification or long term maintenance. All arrangements for this transfer of care will be made by the patient. Medical records will be available upon request.

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Patient's Signature

\_\_\_\_\_  
Date

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ 2

## 5. Patient Education

Patients, family and friends frequently have concerns related to the risks of opioid therapy. Addiction, physical dependence, psychological dependence and tolerance are all risks associated with the use of opioid. Dependence may take as little as a few weeks after using an opioid medication.

Abruptly stopping narcotic medication may result in withdrawal. This is generally not life-threatening but it's uncomfortable. Side effects of withdrawal may be noted when medication is discontinued. Constipation, nausea or itching are common side effects. Withdrawal side effects may include increased pain, restlessness, anxiety, agitation, diarrhea, depression, headache, vomiting and possible seizure and death.

## 6. Non Opioid Treatments

Participation in opioid maintenance does not exclude your participation in other pain treatments including physical therapy, exercise, non-opioid prescriptions, acupuncture, biofeedback, nerve block procedures, psychological relaxation therapies, etc.

## 7. Prescription Refill Policy

- a. Dr. Ahsan Rashid MUST be informed of ALL medications taken by the patient.
- b. Dr. Ahsan Rashid MUST be informed of any new medication or procedure prescribed or recommended by another physician, chiropractor or Emergency Room physician encounter.
- c. Patients are NOT allowed to obtain same or similar medications prescribed by Dr. Ahsan Rashid from another source without expressed permission from Dr. Rashid. Exceptions are emergency room visits, which must be reported to Dr. Rashid.
- d. Patients are NOT allowed to change, alter, or modify IN ANY WAY the amount and schedule medications prescribed by Dr. Ahsan Rashid without first discussing the need for any change with the physician.
- e. ALL REQUESTS FOR REFILLS MUST BE RECEIVED AT LEAST ONE WEEK PRIOR TO THE CALCULATED DATE OF MEDICATION DEPLETION.
- f. MEDICATIONS WILL NOT BE REFILLED BY TELEPHONE FOR ANY REASON. No narcotic, sedative, muscle relaxant will be prescribed by telephone. They must be obtained by office visit ONLY.

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Patient's Signature

\_\_\_\_\_  
Date

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ 3

- g. All refills will be dated for AFTER the calculated date of depletion of medication from previous prescription.
- h. Early depletion of medications prior to the calculated allowable schedule will NOT BE REFILLED. No “ifs” “ands” or “buts”. Consequences of withdrawal are the responsibility of the patient. Those consequences may include hospitalization, coma and including death from withdrawal state. If withdrawal symptoms are noted, the patient’s responsibility is to present to emergency room for evaluation. After the emergency room evaluation, a physician will decide whether the patient will survive the withdrawal process. The withdrawal process MAY CONTINUE until the next scheduled dose of medication (up to several weeks or months). **This life threatening process is not the responsibility and duty of Dr. Ahsan Rashid due to the neglect of the patient to follow the rules outlined in this contract. NO EXCUSES WILL BE ACCEPTED FOR LOST OR STOLEN MEDICATION UNLESS THEY ARE ACCOMPANIED BY A WRITTEN POLICE REPORT OF A THEFT.**
- i. Non- compliances or violation of Dr. Ahsan Rashid’s policy may be grounds for discontinuation of prescription and possible discharge from Dr. Rashid.
- j. Any history of detoxification program treatments, charges of driving under the influences of alcohol or narcotic prescription medication, assault and battery charges, illicit drug use, or criminal history must be disclosed to Dr. Ahsan Rashid.
- k. The patient MUST be seen by primary physician for annual physical examination
- l. There must be NO consumption of alcoholic beverages while taking prescribed medication.
- m. The patient may be unable to drive for eight hours after taking prescribed medication. If long acting opioid medications are used, then the patient may be unable to drive at anytime. The patient will be reported to the DMV driving safety bureau to revoke the Drivers License at anytime in which Dr. Ahsan Rashid suspects an unsafe driving potential in the patient.

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Patient’s Signature

\_\_\_\_\_

Date

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ 4

- n. Patients understand that there are other physicians in the community available, that he or she may choose to terminate the relationship with Dr. Ahsan Rashid at any time.
- o. Abusive or threatening behavior towards Dr. Ahsan Rashid or staff will not be tolerated. This type of behavior will be reported and will be cause for termination from the Pain Program.
- p. The use of opioid medications, muscle relaxant medications and sedatives are a privilege and the use of these medications is not a right. The patient understands that the use of these medications places the patient, as well as members of the community at risk of injury and harm if they are not controlled.
- q. Driving impaired while using these medications places the patient, passengers and innocent bystanders at risk. There is a zero tolerance policy for these medications. A drug level in the blood of opioid, muscle relaxant or sedative medication (benzodiazepine) may be considered illegal and may be prosecuted criminally (manslaughter, etc.) or in civil suit (wrongful death, etc.). A written prescription from a physician to use these medications is NOT AN EXCUSE to drive impaired. Blood levels for prescription medications will remain for several days, depending upon the type of medication and each individual patient's response in metabolizing and excreting these medications. The patient must be aware that the community and legal environment WIL NOT TOLERATE injury or harmful acts performed by the patient while under the influence of medications.
- r. Depression and anxiety are common consequences of chronic pain. The patient may actively participate in care with psychologist or psychiatrist while in treatment with Dr. Ahsan Rashid. Suicide is uncommon but a very real occurrence in patients with chronic pain. Any suicidal ideation, thought or plan must be addressed by an appropriate psychologist or psychiatrist. The patient must present to an Emergency Room psychologist, psychiatrist or psychiatric hospital if there is any suicidal ideation, thought or plan. Treatment with Dr. Rashid involves coordination effort to enhance, improve and extend the life of their patients, not to facilitate any termination of life.
- s. Opioid medications are addictive and do have potentials of addiction, use of psychologist or psychiatrist is recommended when treating with these medications. I understand that continued use of these medications has a chance of causing addiction and I consent to his use, however, overuse of medications and taking prescriptions on my own not as prescribed can be lethal and cause harm to myself and to others.

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Patient's Signature

\_\_\_\_\_

Date

CONSENT:

I have read the Opioid Maintenance Therapy Program consent. All six pages of this contract I have read in their entirety prior to signing this form. I fully understand the criteria for participation in the programs. I realize that my treating physician may terminate my program participation based upon my failure to follow the rules as outlined above.

I also understand that the Opioid Maintenance Program may be discontinued for financial reasons, or if my care would be better served elsewhere.

I hold harmless Dr. Ahsan Rashid, its shareholders and employees from potential side effects of opioid use for potential side effects known or unforeseen.

I am aware that physicians are regulated by the medical board of California.

**I have read the above agreement; I understand side effects and consequences of opioid pain medication use. I have made a free will decision to use these medications. The decision to use the medication is independent of any family members a I have free will. I hereby authorize and hold harmless agreement towards Dr. Ahsan Rashid. Risk of opioid medication include dependence, withdrawal consequences, seizure, depression, anxiety toxicity of overdose including coma and death, injury from use of medications including accident/injury, automobile accidents and subsequent physical psychological impairments.**

**Below is the Pharmacy where I will obtain my opioid medication:**

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Information:

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

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ 6