

INFORMED CONSENT and AGREEMENT FOR TREATMENT at the ARTHRITIS CENTER of CT
revised July, 2010

- 1) Pain relieving medications, muscle relaxants, anti-anxiety or anti-depressant agents, and some sleep medications can lead to dependence, abuse, or addiction. The Arthritis Center and its staff are committed to the proper, appropriate, and legal prescription of these drugs consistent with state and federal law. These types of medications will only be obtained from the Arthritis Center while you are under our care unless arrangements have been made with other practitioners.
- 2) These medications will be obtained only from the pharmacy noted below:
Pharmacy:
Address:
- 3) The medication you receive from us may be dangerous when combined with alcohol or any other potentially sedating or addicting substances. If you are using these substances *it is your responsibility* to discuss this with us. Undisclosed use of illegal or potentially addicting substances or undisclosed treatment for substance abuse may lead to your discharge from this office.
- 4) It is your responsibility to disclose any past or current history of drug problems or counseling.
- 5) Prescriptions for these types of medications will only be given in person. They cannot be given over the telephone, or to a friend or family member without written permission from you, except in true emergencies or unexpected office closure due to weather. Prescriptions can only be written in the name of the patient under treatment.
- 6) You are responsible for your medication. Medications should not be left where they can be taken by minors or stolen by visitors. They should not be left in a locked car. Medications delivered should be handed directly to you. Medications that are stolen or lost even by accident (dropped in sink, eaten by the dog, left in the washing machine) will not be replaced. **DO NOT** keep or use your medications over toilets or sinks. **DO NOT** keep or use your medication in wet or humid areas like bathrooms or kitchens. Prescribers of these medications must meet certain legal standards, to which penalties may apply. Therefore, patients using these medications must handle them responsibly.
- 7) Abuse behaviors such as obtaining medications from friends, relatives, or other doctors, illicit purchase, hoarding, or unauthorized dosage increase, is unacceptable, will be viewed as evidence of irresponsibility, and will result in the discontinuation of these medications or discharge from the practice.
- 8) You agree not to sell or give your medications to anyone else, including family members.
- 9) You agree that the staff of the Arthritis Center has permission to share your medical and medication history with any other medical or pharmacy providers involved in your care, or with law enforcement agencies.
- 10) Your urine may be screened for drugs from time to time on a *random* and *immediate* basis. Non-compliance may result in discharge from the practice.
- 11) From time to time we may ask you to come in for a *random* and *immediate* pill count. Non-compliance may result in discharge from the practice.
- 12) Do not become pregnant while on these drugs, or your baby may be born drug-dependent. It is your responsibility to discuss pregnancy with us in advance, and to take appropriate precautions.
- 13) Medication should be taken on a schedule that is agreed upon between us. This will minimize the risk of abuse and provide you with greater control of your medication use. In addition, during the course of treatment we will periodically attempt to eliminate your dependence on these agents, if appropriate.
- 14) You understand that if you use up your medication ahead of schedule, extra medication will not be given, except in the case of an actual medical emergency.
- 15) The Arthritis Center staff reserves the right to insist, in selected cases, that a third party take responsibility for procurement and dispensing of medications.
- 16) "If my medication makes me drowsy, or when starting a new medication, I must refrain from operating machinery or motor vehicles or taking care of children. If I unintentionally hurt myself or anyone else, I accept full responsibility and absolve the Arthritis Center and its staff of responsibility."

Patient's signature: _____ Date: _____

Print name: _____

Medical staff member: _____ Date: _____