

**Alpine Pain Solutions of Utah**  
**Pain Management Patient Agreement**  
alpinepainsolutions.com

I, \_\_\_\_\_, understand that in order to receive care for the treatment of pain at Alpine Pain Solutions of Utah, I agree to comply with the following:

\_\_\_\_\_ **A. USE OF MEDICATIONS:** I will take all medications as prescribed. I will speak with a provider at Alpine Pain Solutions of Utah before making any change in either the dose or frequency of taking my medication. There will be **no** early refills of pain medications due to taking more than prescribed (self-escalation). Narcotic pain medications must all be obtained from the same pharmacy (any exceptions must be approved by Alpine Pain Solutions of Utah).

\_\_\_\_\_ **B. SEEKING PRESCRIPTIONS:** I will neither seek nor fill prescriptions for any medications related to pain relief from any other health care provider unless authorized by Alpine Pain Solutions of Utah.

\_\_\_\_\_ **C. MEDICAL RECORDS RELEASE:** I will inform all of my health care providers that I receive pain management through Alpine Pain Solutions of Utah and will maintain an unrestricted and current medical records release on file with Alpine Pain Solutions of Utah. I authorize Alpine Pain Solutions of Utah to provide a copy of the Pain Contract to release medical information to necessary pharmacies.

\_\_\_\_\_ **D. MENTAL HEALTH:** A mental health assessment and/or continuing psychological therapy may be required. If I am currently involved in mental health therapy, or if I enter such therapy, I will authorize my mental health practitioner to exchange unrestricted information regarding my condition and treatment with the healthcare providers of Alpine Pain Solutions of Utah.

\_\_\_\_\_ **E. BENZODIAZEPINES:** Because of the high risk of lethal effects of using benzodiazepines and opioid pain medications together, Alpine Pain Solutions of Utah does not prescribe them. If your mental health specialist feels that you need them for certain disease entities that there is no alternative, you will be required to sign a waiver acknowledging that you are aware of the risks. Every effort should be made to avoid the use of benzodiazepines and opioids together. Timing of the doses does not matter because both drugs remain in the system long enough to interact.

\_\_\_\_\_ **D. DRUG SCREENING:** I will participate in drug screening as part of my treatment plan. I understand that drug screening will be conducted randomly and the frequency of testing will be at the discretion of Alpine Pain Solutions of Utah. Screening may include urinalysis, oral sample testing, blood testing and/or pill counts. I agree to pay any and all costs associated with drug testing not covered by my insurance. Refusal to submit to screening at the time specified may result in dismissal from Alpine Pain Solutions of Utah.

\_\_\_\_\_ **E. ALCOHOL USE:** Any use of alcohol while being treated with prescription pain medication is against clinic policy. Testing for alcohol use is routinely tested for with drug screening at Alpine Pain Solutions of Utah. Any use of alcohol deemed inappropriate by the provider will be grounds for dismissal from Alpine Pain Solutions of Utah.

\_\_\_\_\_ **F. ILLEGAL AND NON-PRESCRIBED DRUG USE:** I understand that the use of any controlled medication, not prescribed by Alpine Pain Solutions of Utah, may result in dismissal from care. I authorize Alpine Pain Solutions of Utah to cooperate fully with any city, state, or federal law enforcement agency regarding my use of controlled medication. I agree to waive any applicable privileged, right of privacy, or confidentiality with respect to these authorities. I also understand that the use of any illegal substance including marijuana could result in dismissal from Alpine Pain Solutions of Utah.

\_\_\_\_\_ **G. LOST OR STOLEN MEDICATION:** I agree to safeguard all medication prescribed by Alpine Pain Solutions of Utah (including the use of a safe, if necessary). I understand that **lost, stolen, or damaged medications will not be replaced.**

\_\_\_\_\_ **H. PRESCRIPTIONS WHILE TRAVELING:** Alpine Pain Solutions of Utah may choose to provide prescriptions for up to 60 days when I am traveling out of state. (A duplicate label can be requested from my pharmacist). I will only be eligible for early medication when proof of travel can be obtained. Identification includes paper ticket and electronic confirmation sheet that shows dates of travel. I will have to arrange for shipment of controlled substances by my pharmacy at my own expense. If I will be out of state longer than 60 days, I need to arrange for my health care at my travel destination. On return to Utah, I need to advise Alpine Pain Solutions of Utah the name and address of my provider out of state. I also authorize Alpine Pain Solutions of Utah to contact my out of state provider to obtain any detailed information deemed necessary in my medical care.

\_\_\_\_\_ **I. DRIVING AND OPERATING EQUIPMENT:** Many pain medications can cause drowsiness and/or a very relaxed state of mind causing operation of equipment or vehicles to be dangerous. I agree to refrain from driving or operating dangerous equipment when taking my medication or whenever I feel drowsy.

\_\_\_\_\_ **J. MISSED APPOINTMENTS:** I will contact the clinic if I will be 5 to 10 minutes late. If I arrive more than 15 minutes late, I will be rescheduled. I acknowledge that I am to arrive 15 minutes prior to my scheduled appointment time. Three missed appointments per year will be grounds for dismissal from Alpine Pain Solutions of Utah.

\_\_\_\_\_ **K. CANCELLATIONS:** We require a 24-hour notice to cancel or reschedule your appointment. Appointments missed, rescheduled due to tardiness, or rescheduled without a 24-hour notice will result in a **\$50.00** fee to the patient.

\_\_\_\_\_ **L. TERMINATION/DISMISSAL:** I will no longer be eligible for care at Alpine Pain Solutions of Utah if I am in possession of illicit drugs or substances, trafficking of controlled or illegal substances, intoxicated or convicted for DUI. If I forge or alter prescriptions in any way, sell or share medications (including family or friends), or fail to comply with this patient agreement, I will no longer be eligible for care at Alpine Pain Solutions of Utah.

\_\_\_\_\_ **M. ADDICTION:** Only 10-15% of patients taking opioids may be addicted to these substances. Most all patients will be dependent upon opioids. If I cannot control my use of the opioids and/or other narcotics, I will be offered counseling and Suboxone products to help me with this disease.

\_\_\_\_\_ N. **CHARGES:** All fees from patients are due at the time of visit. Non-payment of fees will hold prescriptions and may result in the account being sent to collections and patient dismissal from Alpine Pain Solutions of Utah.

\_\_\_\_\_ O. **TREATMENT OF STAFF:** Our clinic has a zero tolerance policy for verbal abuse towards our staff. We understand that you are in pain and that can cause anger and impatience. Swearing, yelling at, or threatening our staff will result in dismissal from the clinic. We will also ask that you treat the staff with respect and no flirting, which is inappropriate behavior.

\_\_\_\_\_ P. **EMERGENCY ROOM VISITS:** I am allowed to receive pain medication in the emergency department or urgent care center, but it is a violation of the Alpine Pain Solutions patient agreement (contract) to receive narcotic medication to take home. The provider may address the issue with the on-call provider for Alpine Pain Solutions of Utah.

**I HAVE THOROUGHLY READ THIS AGREEMENT BEFORE RECEIVING TREATMENT AT ALPINE PAIN SOLUTIONS OF UTAH AND I UNDERSTAND AND AGREE TO THE CONDITIONS OF CARE DESCRIBED ABOVE AND WILL COMPLY WITH THEM. ALL OF MY QUESTIONS ABOUT THE TERMS OF THIS AGREEMENT HAVE BEEN ANSWERED. I KNOW THAT FAILURE TO COMPLY WITH ANY OF THE TERMS OF THIS AGREEMENT MAY RESULT IN IMMEDIATE DISMISSAL AND TERMINATION OF SERVICE.**

Reviewed contract and answered all patient's questions (MA): \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_