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**Adult & Pediatric Medicine**

## **ORCHARD MEDICAL ASSOCIATES NARCOTIC POLICY AND CONTRACT**

At Orchard Medical Associates, LLC, strict policies are in place for our patients receiving controlled substances. These medications include narcotic agents (e.g. Oxycontin, Morphine, and Percocet) and benzodiazepines (e.g. lorazepam). Any patient who wishes to obtain these medications on a chronic (greater than 30 days) basis, must abide by the following rules. Failure to do so will result in termination of prescribing by all providers in this office.

1. Patients will take their medication exactly as prescribed, and will not increase or decrease their medication usage without discussing this with their provider.
2. Patients will indicate their pharmacy of choice and will fill prescriptions for controlled substances at this one pharmacy only.
3. Patients will receive their prescriptions from their provider only. A patient will not receive controlled substance prescriptions from other providers, hospitals, emergency rooms, etc., without discussing this with their provider first.
4. At any time, the provider may require a urine sample from the patient to ensure that the patient is taking the medications that have been prescribed and to ensure that no other illicit substances are being used by the patient. Refusal to provide a sample is grounds for discontinuation of prescribing of these substances.
5. A positive drug screen for illicit substances is grounds for discontinuation of prescribing.
6. A negative drug screen test for a substance that is being prescribed is grounds for discontinuation of prescribing.
7. There will be no after-hours requests for medication refills. All refills will occur on weekdays during normal business hours only. No exceptions!
8. It is the patient's responsibility to ensure that they do not run out of or lose their medications. These medications will never be refilled by phone or over a weekend.
9. Failure to come to a scheduled appointment may (at the provider's discretion) result in discontinuation of prescribing.
10. Failure to come to two (2) consecutive appointments will result in termination of prescribing of these substances.

These policies are in place to protect both patients and providers. The use of controlled substances can be an important part of a patient's medical care, but it carries risk which will be reviewed with each patient by their provider at the time of initiation of prescribing.

I understand that a provider at Orchard Medical Associates, LLC is prescribing either short term or long term narcotic pain medication(s) and/or controlled benzodiazapine medication(s). I will take the medication only as prescribed and only will receive these controlled medications from a provider at Orchard Medical Associates, LLC, including not seeking or accepting any medications for pain other than those prescribed by my provider at Orchard Medical Associates, LLC. "Medications for pain" includes prescriptions from other providers, medications borrowed or accepted from family or friends, and any illicit or street drugs.

I understand that my provider is under no obligation to provide these medications to me, and that the provider reserves the right to discontinue these medications at any time. At the appointment for prescriptions containing narcotics or benzodiazapines, the patient must provide a pharmacy name and number, where the patient will go each time for all medications, unless the patient notifies the provider of a change in pharmacies. I agree that, prior to, during, and after the prescription of narcotics or benzodiazepines, a representative of Orchard Medical Associates, LLC may contact providers, pharmacies, and other resources to verify that I am receiving narcotics from only Orchard Medical Associates, LLC. At my provider's discretion, I agree to cooperate with random drug testing, which may be requested at any time. If I refuse, I understand the medication will be stopped.

Medication refills will be provided as written prescriptions and may require monthly appointments to evaluate the patient's symptoms. Two (2) appointment cancellations with less than one working day's notice or two (2) no-show appointments may constitute grounds for immediate termination of this agreement. I understand that my provider may require specialist evaluation of my treatment, and I agree to keep appointments when my provider refers me. My provider will send a report of my care and a copy of this agreement when a referral is made.

Duplicating, copying, forging, or representing Orchard Medical Associates, LLC by phone, written prescriptions, or other methods regarding any prescription will result in withdrawal of care of the listed patient by any provider or representative of Orchard Medical Associates, LLC, along with potential legal prosecution. I understand that immediate termination of the narcotics agreement will happen if I give, sell or in any way distribute prescribed medications to any other person(s), if I in any way attempt to forge or alter a prescription, if my medical condition declines to the point at which, in the judgment of my provider, continued therapy with this medication presents a danger to my well-being or safety, if there is evidence that I am no longer receiving a reasonable therapeutic benefit from the medication, or my provider determines that I am no longer a good candidate to continue the medication.

I agree to fill my prescriptions only at the pharmacy I listed below. If I change pharmacies, I will contact my provider's office and provide them with the name, address and phone number of the new pharmacy. Under no circumstances will I obtain controlled substances from more than one pharmacy or provider at a time.

I understand that any alteration in my medication prescriptions will require a new written agreement. I understand that by signing this agreement, I must abide by the rules reviewed above and that failure to abide by these agreements will result in the termination of medication prescriptions and possibly the termination of services from my provider and his or her practice.

In addition to the above policy, any violators of this policy may be reported to the Drug Enforcement Agency's Diversion Unit at (617) 557-2468. Reporting narcotic abuse is NOT a privacy violation, as the illegal use of narcotics, including receiving prescriptions from multiple providers, going to multiple pharmacies to fill prescriptions to avoid the 30 days between prescriptions, and forging prescriptions, are all reportable offenses to the Drug Enforcement Agency.

**Drug Addiction Outpatient and Inpatient Centers in the area:**

Narcotics Anonymous (The Narcotics Anonymous program is highly recommended, as it is free and anonymous):

Western Massachusetts Area	Phone: 800.481-6871 <a href="http://www.namvr.org/WMA-PVA.html">http://www.namvr.org/WMA-PVA.html</a>
Pioneer Valley Area	Phone: 800.481-6871 <a href="http://www.namvr.org/WMA-PVA.html">http://www.namvr.org/WMA-PVA.html</a>
MA Statewide	Phone: 866.624-3578 <a href="http://www.newenglandna.org/home/index.cfm">http://www.newenglandna.org/home/index.cfm</a>
Berkshire County Area (Pittsfield)	Phone: 413.443-4377 <a href="http://berkshirena.org/">http://berkshirena.org/</a>

**Baystate Medical Center**  
59 Saint James Avenue  
Suite 61  
Springfield MA 01105  
Phone: (413) 739-4732

**Carlson Recovery Center**  
471 Chestnut Street  
Springfield MA 01199  
Phone: (413) 794-3971

**Child & Family Services of Pioneer Valley**  
367 Pine Street  
Springfield MA 01105  
Phone: (413) 737-1426

**The Phoenix House**  
5 Madison Avenue  
Springfield MA 01105  
Phone: (800) 378-4435

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Patient Signature

\_\_\_\_\_  
Date

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Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Name of Pharmacy

\_\_\_\_\_  
Location of Pharmacy