

Joseph T. Hayes, M.D., M.P.H.
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Norristown, PA 19401

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SUBOXONE PROGRAM

Dear New Patient:

We welcome you as a new patient and we are glad that you are taking this step as a new start in life.

We need to have three items completed before we can start the Intake and Induction Program

- **Number ONE:** please complete the attached documents on the clip board.
- **Number TWO:** Federal guidelines require us to perform the drug screen **BEFORE** we start the initial visit.
- **Number THREE:** All fees must be paid **BEFORE** to the initial visit.

We appreciate your cooperation with our policy.

Mary Stevens

Office Manager.

THE OFFICE OF DR. JOSEPH T. HAYES, M.D.

PHYSICIAN/ PATIENT AGREEMENT FOR SUBOXONE PROGRAM

This is an agreement between Joseph T. Hayes, M.D., M.P.H.

and _____

Date: _____

The purpose of this agreement is to give you information about Suboxone management to ensure that you and Dr. Joseph T. Hayes comply with all state and federal laws and regulations concerning the prescribing of controlled substances. The physician's goal is for you to have the best quality of life possible given the reality of your clinical condition. The success of treatment depends upon mutual trust and honesty in the physician/ patient relationship and full agreement and understanding of the risks and benefits of using Suboxone. Because Suboxone has potential for abuse or diversions, strict accountability is necessary when use is prolonged.

Furthermore, a physician cannot prescribe controlled substances if an individual is taking illegal substances such as but not limited to marijuana, heroin, THC, PCP, Ecstasy, cocaine, and methamphetamine.

For the reasons stated above, the following policy is agreed by you, the patient, as a consideration for and a condition of the willingness of Dr. Joseph T. Hayes to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. You **must have ONLY ONE physician** to prescribe and monitor all opiate medications and adjunctive controlled substances which include but not limited to benzodiazepines such as Xanax, Valium, Ativan or Klonopin. Other drugs include muscle relaxers such as Soma, Flexeril, and Baclofen and sleep aids such as Ambien, Lunesta, and Restoril.
2. **You should use ONE pharmacy** to obtain all opiate prescriptions or other controlled substances and adjunctive analgesics as listed above which are prescribed from this office.

PHARMACY NAME: _____

PHARMACY PHONE NO.: _____

3. You should inform Dr. Hayes of all medications you are taking including herbal remedies since opiate medications can interact with over-the-counter medications and other prescribed medications especially cough syrup containing alcohol, codeine, or Hydrocodone.
4. You will be seen on a regular basis and given prescriptions for 30 tablets. Your appointments will be scheduled based on your requirements for Suboxone. For Example. If you require one pill per day you will be seen once per month. If you require 2 pills per day you will be seen every 2 weeks etc.
5. Prescriptions for SUOXONE or any other prescriptions will be done **ONLY** during an office visit or during regular office hours. **NO REFILLS of any medication will be done during the evening or on weekends.**

THE OFFICE OF DR. JOSEPH T. HAYES, M.D., PHYSICIAN/ PATIENT AGREEMENT FOR
SUBOXONE TREATMENT

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6. You must bring your Suboxone Bottle at each visit.
7. You are responsible for keeping your pain medicine in a safe and secure place such as a locked cabinet or safe. You are expected to protect your medications from loss or theft. Stolen medications should be reported to the police and /or to your physician immediately. If your medications are lost, misplaced, or stolen, your physician may choose NOT to replace the medications or to taper or discontinue the medications. **STOLEN medications require a valid police report for consideration of replacement.**
8. **You may not give or sell your medications to any other person** under any circumstances. If you do, you endanger that person's health. It is also against the law.
9. Any evidence of drug hording, acquisition of any opiate medication or adjunctive analgesia from other physicians, which includes emergency room, uncontrolled dose escalation, or reduction, loss of prescriptions, or failure to follow the agreement, may result in termination of the doctor/patient relationship.
10. You will communicate fully to with Dr. Hayes to the best of your ability at the initial visit and all following visits your pain level and functional activity along with any side effects of the medications. This information allows your physician to adjust your treatment plan accordingly.
11. You should not use any illicit substances such as cocaine, marijuana, etc. while taking these medications. This may result in a change to your treatment plan including safe discontinuation of your opiate medications when applicable or complete termination of the doctor/patient relationship.
12. **The use of alcohol with Suboxone is contraindicated.**
13. There are side effects with Suboxone are uncommon but if they do occur may include skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, or the possibility of impaired cognitive (mental status) and/or motor abilities. Overuse of opiates can cause decrease respiration (breathing).
14. You agree to a family conference or conference with a close friend or significant other "if the physician feels it is necessary."
15. You agree to give Dr. Hayes permission to discuss all diagnostic and treatment details with the dispensing pharmacist or other professionals who provide your health care for purposes of maintaining accountability.
16. **DRUG SCREENS: Unannounced drug screens MAY be requested, and your cooperation IS REQUIRED.** Federal and state guidelines require physicians to drug screen all patients who are receiving controlled substances including pain medications and other drugs of which you will be informed at time of receiving the prescription. Drug screening is done with dignity and confidentiality. Our screening is done in the privacy of one of our rest rooms. It is no reflection of your integrity. **The office must perform** this test upon all patients; otherwise, there may be issues of discrimination. Urine drug testing is NOT forensic testing. It is strictly confidential and not shared with any police agency. This is done for your benefit as a diagnostic tool in accordance with certain legal and regulatory materials on the use of controlled substances to treat pain. If requested to provide a urine sample, you agree to cooperate. If you decide not to provide a urine sample, **you understand that Dr. Hayes may change your treatment plan including safe discontinuation of your Suboxone and complete termination of the doctor/patient**

THE OFFICE OF DR. JOSEPH T. HAYES, M.D., PHYSICIAN/ PATIENT AGREEMENT FOR OPIATE MAINTENANCE THERAPY FOR CHRONIC PAIN

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relationship. The presence of a non-prescribed drug(s) or illicit drug(s) in the urine can be grounds for termination of further prescriptions of Suboxone or termination of the doctor/patient relationship in accordance with the Medical Practice Act of the Commonwealth of Pennsylvania.

- 17 The cost of drug screening will be responsibility of the patient. Some health plans cover drug screening. Otherwise, the patient is required to pay for the screening in advance.
- 18 Prescriptions and bottles of these medications may be sought by individuals with chemical dependency and should be closely safe guarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others may see or have access to them. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially children, you must keep them out of reach of such people.

By affixing your signature below, you agree to all the terms of this agreement. Failure to comply with any parts of this agreement may result in cessation of further prescriptions and/or termination of the doctor/patient relationship in accordance with the Medical Practice Act of the Commonwealth of Pennsylvania. The above agreement has been explained to me by Dr. Joseph T. Hayes, M.D., M.P.H., and I agree to the terms that Dr. Hayes can provide quality pain management using opiate therapy and/or adjunctive medication to decrease my pain and increase my function.

PATIENT SIGNATURE _____

PATIENT NAME IN PRINT _____

DATE _____

doctorpatientSuboxoneagreement.doc

Dr. JOSEPH T. HAYES, M.D.

OFFICE DRUG SCREENING POLICY

It is the policy of this office based on federal guidelines to perform random drug testing on ALL patients who receive controlled substances under the DEA (Federal Drug Enforcement Agency) from Dr. Joseph Hayes. Our patient's are very special and we want to ensure the highest level of medical care without intrusion or challenge to personal integrity. However, in order to provide this high level of care we must comply with federal and state guidelines. Accordingly, we have instituted a drug testing program according to these guidelines. A patient will be tested if they are prescribed one or more of the following medications. These include but not limited to the following medications:

All opiates such as **Vicodin, Loricet, Lortabs, Norco, Oxycontin, OxyIr, Avinza, Kadian, and MSContin. MSIR, and other drugs such as Valium, Lorazepam, Ultram, Talwin, Zanaflex, Baclofen, or Flexeril.**

The above list is not all inclusive and the patient may be tested for other drugs and will be informed of this at the time that the patient receives the prescription.

The purpose of the testing is to ensure that the patient is not taking any other illicit drugs such as amphetamines, THC (Marijuana), PCP, Cocaine. It is also performed to ensure that the patient is taking their medication. The latter helps to ensure compliance to the medical regimen and also reduces the chances of diversion. Drug testing is a simple urine test which is given to ALL Patients taking DEA controlled medications on a random basis. RANDOM means there will be no notice given at the time of visit. A Positive drug test may result in NO Refill of current prescription and a termination of the doctor/patient relationship according to the Commonwealth of Pennsylvania Medical Practice Act.

By signing below I confirm that I understand and agree with the terms of the office drug screening policy

Signed _____ Date _____

Name _____