

Boston Medical Center – Adult Primary Care
CONTROLLED SUBSTANCE PATIENT-PROVIDER AGREEMENT (PPA)

The use of _____ (medication e.g., opioid pain, sedative)
is only one part of treatment for: _____ (condition e.g. pain, anxiety).

The goals for using this medicine are:

- To improve my ability to work or function at home.
- To help my problem as much as possible.

Provider Responsibilities

- To make sure this medicine is helping and not hurting you.
- To NOT continue medicines prescribed by others unless they are safe and are the best treatment for your problem.
- To routinely check the state Prescription Monitoring Program, to see the medicines that you are getting from me and others.
- To have your refills signed when they are due.
- To work with other specialists to make sure you are getting the best treatment for your problem.
- To provide primary care for you whether or not you are getting this medicine.
- To refer you for addiction treatment if you become addicted to this medicine.

Patient Responsibilities

- I will follow the treatment plan including keeping all appointments set up by my provider. For example these may include primary care, physical therapy, mental health, addiction treatment, and pain management.
- I am responsible for my medicines. I will not share, sell or trade my medicine.
- I will keep my medicine in a safe place where no one else will be able to take them. They could be very dangerous to others, especially children.
- I will not take anyone else's medicine.
- I will not take extra medicine.
- I will dispose of the medicine properly such as flushing it in the toilet if I no longer need it.
- I understand that my medicine will probably not be replaced if it is lost, stolen, damaged or used-up sooner than prescribed.
- I will bring the original pill bottles with all unused pills of this medicine to each clinic visit for pill counts. This includes visits with nurses or my provider.
- I will come in for a pill count and urine drug test anytime I am asked to do so, even if I don't have a clinic appointment on that day.
- I agree to give a urine sample for drug tests on the day it is requested whenever I am asked.
- I will not use any street or illegal drugs. I will not use any medications that have not been prescribed for me.
- I will not drink alcohol while taking this medicine unless my provider says it is safe to do so.
- I understand that use of this medicine is a test or trial. My provider will continue this medicine only if the medicine is helping and not hurting me.
- I will treat all people working in the primary care clinic with respect.

