



## **VALLEY PAIN SPECIALISTS, PC**

**Steven Mortazavi, M.D.**

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### **CONTROLLED SUBSTANCE AGREEMENT**

This agreement relates to my use of controlled substances for chronic pain prescribed by a provider at Valley Pain Specialists, P.C. I have been informed and understand the policies regarding the use of controlled substances that are followed by the staff at Valley Pain Specialists. I understand that I will be provided controlled substances while actively participating in this program only if I adhere to the following conditions:

- 1.) I will use the substances only as directed by Valley Pain Specialists.
- 2.) I will not receive replacement medications that I have lost or have been stolen.
  - a) I understand that I am responsible for the medication and prescriptions used in my treatment. I must be discreet about my possession of narcotics and I will keep my medications and prescriptions in inaccessible places so that they are not lost or stolen.
- 3.) I will receive controlled substances only from Valley Pain Specialists staff.
- 4.) I will not expect to receive additional medications prior to the time of my next scheduled refill, even if my prescription runs out.
  - a.) Running out of medications prior to your next scheduled refill may result in discharge.
- 5.) If it appears to the physician that there are no clear benefits to your daily function or quality of life from the controlled substance, the provider will gradually taper my medication as directed by the prescribing physician.
- 6.) I agree to submit to urine and blood screens to detect the use of non-prescribed medications (including "street" drugs) at any time. I realize there may be some cost to me for this test if I have no insurance, or if my insurance does not cover the test in full.
- 7.) I recognize that my chronic pain represents a complex problem, which may benefit from interventional treatments, physical therapy, psychotherapy and behavioral medicine strategies. I also recognize that my active participation in the management of my pain is extremely important. I agree to actively participate in all aspects of the Pain Management Program to maximize function and improve coping with my condition.
- 8.) I agree to schedule and keep scheduled follow-up appointments with my Valley Pain Specialists provider at the recommended intervals. I understand that failure to do so may lead to discontinuation of treatment and/or discharge from the practice.
- 9.) I am responsible for keeping track of the amount of medication I have left and to plan ahead for arranging the refill of my prescriptions in a timely manner so I will not run out. I realize that this may affect travel plans, etc...
- 10.) I agree to use one pharmacy for filling all my prescriptions except in case of emergency.
- 11.) If the violation involves obtaining controlled substances or any prescription for my pain

condition from another individual, or if I engage in any illegal activity such as altering a prescription, I understand that the incident may be reported to my Valley Pain Specialists provider, to other physicians caring for me, local medical facilities, pharmacies, and other authorities such as the local police department, DEA, etc. as deemed appropriate for the situation.

12.) I agree not to seek pain medication after office hours, on the weekend, or on holidays.

13.) I understand that attempting to obtain pain medication after office hours, on the weekend, on holidays, or from other physicians may result in discontinuing pain medications and/or discharge from the Practice.

14.) I understand that I have been given informed consent about the risks of opioid addiction and readdiction. I realize that I must take my pain medications exactly as prescribed and that not doing so may result in overdose or death. I also understand that taking legal or illegal drugs with my pain medications without my doctors knowledge may result in overdose or death.

15.) If I violate any of the above conditions, my obtaining prescriptions and/or treatment at Valley Pain Specialists, PC may be terminated.

**MEDICATION REFILL INFORMATION:**

a.) Refill requests should not be made prior to (72) hours before you are due for a refill.

b.) Requests for scheduled refills must be telephoned to our prescription refill line (610)-954-9040. Refills will not be made at night, on holidays or weekends or at Valley Surgical Center.

c.) Most controlled substances cannot be telephoned into a pharmacy. You must make arrangements to pick up your prescriptions during regular business hours. Prescriptions will not be mailed.

d.) Prescriptions refills will not be able to be picked up more than 48 hours before your scheduled due date.

**16.) By signing this agreement and receiving controlled substances from our office I am attesting that the following was discussed with me:**

**-- mental health conditions which could increase risk of abuse, overdose and/or death**

**-- any history of substance abuse which could lead to increase risk of abuse, overdose and/or death**

**-- the level of risk for opioid abuse which you may incur as a result of being prescribed opioid and/or controlled medications**

**-- the risks of abuse, overdose, and/or death and how concomitant use of muscle relaxers and/or benzodiazepines may increase the risk of abuse, overdose and/or death**

**-- a plan to taper any or all of controlled medications prescribed if you exhibit any side effects show any signs/symptoms of abuse. You also agree to taper or discontinue use of controlled substances if a clear benefit (improved function, reduction in pain, improvement in quality of life) is not demonstrated**

**THIS AGREEMENT WILL SUPERSEDE ALL OTHER AGREEMENTS!  
BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND AND AGREE TO ALL THE TERMS OF THE AGREEMENT. I RESERVE THE RIGHT TO REQUEST A COPY OF THIS AGREEMENT.**

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**Signature**

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**Print name**

**Date**