

NARCOTIC USE CONTRACT

The agreement is made today, _____ (**insert date**) between myself _____ (**insert name**) and the staff of Jefferson County Public Health Department, and A.C. Walkes, MD.

In recognition of the potentially addictive effect of narcotics and other medications I may be taking, I agree to the following:

_____ I will only receive, from this date forward, narcotic medications from Dr. Walkes and Associates. The only exception in this will be for emergency use, in which case I must notify Dr. Walkes and Associates of the medication I received within 72 hours. I will otherwise not seek or obtain narcotic medications from any other physician or source.

_____ I will take medications exactly as prescribed. I will not take more medication each day than my prescription allows.

_____ I will not give, sell, or loan my medication to anyone else for any reason whatsoever.

_____ Under no circumstances will early refills be asked for or received. There will be no exceptions granted for loss, theft, or destruction of my medications. It is up to me to protect my medications from loss.

_____ I will avoid the use of alcohol and illegal drugs, including but not restricted to marijuana, cocaine, heroin, LSD, amphetamine, and any similar drug.

_____ If I demonstrate any addictive behavior to any medication or other drug, I will immediately notify Dr. Walkes and Associates and/or admit myself to a treatment program for drug addiction.

I also give Dr. Walkes, Associates, and the staff of Jefferson County Public Health the following rights and privileges:

_____ The right to contact my pharmacy, other doctors, family or other persons living in my home, to ascertain the frequency and amount of my use of narcotics and other medications and drugs.

Side 1

Narcotic's Use Contract
Cont.

_____ The right to ask for and receive a urine or blood sample to test for chemical substances.

_____ The right to advise other physicians of this agreement.

_____ The right to refer me to a chemical substance rehabilitation program if Dr. Walkes and his Associates believe I am addicted to any substance, including narcotic medications.

I agree to all of the above terms and conditions. I have been given the opportunity to have all of my questions regarding this agreement answered, and understand the reasons for any implications of the agreement. I understand that failure to follow and adhere to this agreement may result in my being refused further narcotic medication or discharged from care from the Jefferson County Public Health Department, Dr. Walkes, and Associates.

Signature

Date

Printed Name

Dr. Walkes/ Associate

Witness

Side 2