

# CONTROLLED SUBSTANCES

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## TREATMENT AGREEMENT KENTUCKY

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### STATE SPECIFIC

Required by State:

*No requirements.*

Recommended by State (For Opioid Prescribing):<sup>1</sup>

*If the patient has a high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including:*

- The physician should provide reasons for which drug therapy may be discontinued, such as violation of the treatment agreement.
- The patient should receive prescriptions from one physician/practice, with that physician/practice designated in the agreement.
- The patient should have prescriptions filled at one pharmacy, with the name and phone number of the pharmacy designated in the agreement.
- The patient agrees to periodic drug testing (blood, urine, hair, or saliva).
- The physician's prescribing policies, including, for example, the number and frequency of prescription refills, a policy regarding early or urgent refills, and a policy regarding replacement of lost or stolen medication, etc.

### TO CONSIDER FROM OTHER STATES

Considerations:

- The patient is responsible for safely using medication, meaning that the patient should store the medication in a secure location and safely dispose of any unused medication.
- The goals of treatment.
- The physician will be available during emergencies or otherwise have a covering physician available in the event that unforeseen problems arise and to prescribe scheduled refills.

- Discuss any monitoring tools that the physician wishes to use, such as pill counts.
- The patient is prohibited from sharing, giving, or selling any medication to others.
- If the physician becomes concerned that there has been illegal activity, the physician may notify the authorities.
- The patient provides informed, written consent for release of the agreement to local emergency departments and/or pharmacies; therefore, other providers such as ER personnel or pharmacists may report violations of the agreement back to the prescribing physician.
- The prescriber's responsibility to provide referrals to substance abuse counseling when the abuse potential is present and also for failed drug screens.
- The patient may be responsible for keeping a pain diary or a diary of daily accomplishments.
- If the patient violates the terms of the agreement, those violations and the physician's response to them will be documented along with the rationale for changes in the treatment plan.

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## **INFORMED CONSENT KENTUCKY**

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### **STATE SPECIFIC**

Required by State:

*No requirements.*

Recommended by State (For Opioid Prescribing):<sup>1</sup>

- The physician should discuss the risks and benefits of the use of the controlled substance with:
  - The patient;
  - Persons designated by the patient; or
  - The patient's surrogate or guardian (if patient is incompetent or without medical decision-making capacity).
- Inform the patient of the likelihood that tolerance and/or physical dependence on the prescribed medication will develop.

### **TO CONSIDER FROM OTHER STATES**

Considerations:

- Inform the patient of potential side effects (short- and long-term) of the prescribed medication.
- The patient's diagnosis.
- Inform the patient of the risk of the prescribed medication interacting with other drugs and of over-sedation.
- Inform the patient of the risks of impaired motor skills that affect driving among other tasks.
- Inform the patient of the limited evidence as to the benefit of long-term opioid therapy.
- Inform the patient of the risks of opioid misuse, dependence, addiction, and overdose.
- Inform female patients of the risks during pregnancy and after delivery.
- Inform the patient of alternative treatment options to opioid therapy.
- Inform the patient that one of the risks of opioid therapy is death.
- Inform the patient of the risks of withdrawal.
- Alcohol should not be used in combination with the prescribed opioid.
- All medications from other sources, including over the counters and medical marijuana, should be discussed and documented in the medical record.
- Note that compliance with all components of the overall treatment plan is expected.
- Periodic re-evaluation of treatment is needed.
- The patient has the option to consent to the sharing of information with family members and other providers, as necessary.
- Educate the patient and caregivers about the danger signs of respiratory depression and that someone should summon medical help immediately if a person demonstrates signs of respiratory depression while on opioids.
- Ensure the patient does not have any absolute contraindications and review risks and benefits related to any relative contraindications with the patient.

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**NOTE: This resource covers only informed consent and treatment plan requirements; there may be many other requirements, such as limitations on the quantity of medication prescribed, etc.**

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<sup>1</sup> Kentucky Board of Medical Licensure, *Opinion Regarding the Use of Controlled Substances in Pain Treatment*, <http://chfs.ky.gov/nr/rdonlyres/032a47fb-46af-4554-8b6c-64c15966e255/0/kentuckymedicalassociationjournaljan2010.pdf> (Accessed May 2015).



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