**Tyson Drug Company Family of Pharmacies Patient Rights and Responsibilities Regarding Receiving Opioid Medications**

**Purpose:** The purpose of this pledge is to highlight the pharmacists’ and patient’s responsibilities when a patient is prescribed certain controlled substances. The pharmacy has legal and ethical responsibilities to these patients.

Our Pharmacists are responsible for using professional judgment to assess the appropriateness of the services we provide to all patients. Tyson Drug Company commits to helping you understand the risks associated with your treatment plan and the appropriate, storage, use, and disposal of controlled substances.

**As your trusted pharmacy, we commit to**:

* Answer any questions you may have about appropriate use, benefits, and risks of your medications.
* Help safely manage your medications and medical conditions.
* Communicate with your prescriber on your progress with treatment and help with any unmet treatment needs.
* Work with you, as the patient, and your provider to resolve any concerns the pharmacist may have.
* Document your conversations and treatment plan to build your complete health record.
* Review State Controlled Substance Reporting Systems to verify your medication history to ensure it is safe and appropriate to fill the controlled substance and avoid any duplicate medications.
* Help you keep your medications secure and help you dispose of unwanted medications properly.
* Assess your risk based on current dose of opioid(s) and make the offer for a prescription for naloxone (the opioid overdose reversal medication), if appropriate, to protect you and other individuals.

**Patient by accepting the dispensed controlled substance AGREES that**:

* There are risks of dependence, addiction, and overdose associated with the use of opioid medications and other controlled substance medications, and I will discuss any concerns with the pharmacist.
* I will discuss any changes in dosage or how often I take my medication with my doctor and pharmacists.
* I will not request my medication to be refilled before the date I am scheduled to run out of my medication. I understand the pharmacy will not fill the medication early.
* I will safeguard my medications from loss, theft, or unintentional use by others by keeping my medications in a locked box or away from others, including children.
* I will dispose of any unused medications properly as discussed with the pharmacy staff.
* I understand that my prescription is for me only and will not share my medication with anyone.

I agree to abide by this policy to ensure my safety.

I understand the pharmacy may refuse to fill further controlled substance prescriptions for me if I cannot abide by this Policy.