

CONTROLLED SUBSTANCE POLICY

We are committed to doing all we can to treat your psychiatric illness. In some cases, sedatives benzodiazepines and/or psycho-stimulants may be prescribed. These medications are strictly regulated by both state and federal guidelines. This agreement is to protect both you and the physician by establishing guidelines, within the laws, for the proper controlled substance use. As part of your treatment, your provider may order these medications for you. Many of these medications can have serious side effects if they are not managed properly. Please read the following agreement **CAREFULLY** and ask your doctor/nurse if you have any questions:

1. All controlled substances have a potential risk of dependency, addiction, abuse and side effects. You agree to follow exact dosing instructions prescribed by my healthcare provider.
2. You agree to keep all appointments required by my healthcare provider. If I miss an appointment, I understand that a follow up must be made before any prescriptions will be refilled or changed. If a prescription is stolen, it will be refilled with a copy of a filed police report of theft. If a prescription is lost, it will NOT BE REFILLED. It is your responsibility to keep track of your medications.
3. You agree to maintain all prescriptions at the same pharmacy, unless reasonable circumstances occur. Should the need arise to change pharmacies our office must be informed.
4. The prescribing physician has permission to discuss all diagnostic and treatment details with the dispensing pharmacists or other professionals who provide your health care for the purpose of maintaining accountability.
5. If the responsible legal authorities have questions concerning your treatment, as this might occur if you were obtaining medication at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records.
6. Early refills will not be given. Renewals are based on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends. **NO CONTROLLED SUBSTANCES WILL BE FILLED DURING EVENINGS, WEEKENDS OR HOLIDAYS!** Medication refills will only be addressed for patients that have kept scheduled appointments. It is important to keep your scheduled appointment to ensure that you receive timely refills. Refills will NOT be provided if a scheduled appointment has been missed.
7. You agree to not consume excessive amounts of alcohol in conjunction with prescribed controlled substances. Additionally, you agree to not purchase, obtain or use any illegal drugs; monthly TPMP and Urine Drug Screening (UDS) is a required for all clients prescribed controlled substances. The presence of unauthorized substances may result in your discharge from services.
8. If your healthcare provider is out of the office, you understand that prescriptions **will not** be filled until they return.
9. You affirm that you have full right and power to sign and be bound by this agreement, and that any misuse of my medications will be reported to the appropriate authorities and you can be terminated from the practice.
10. You agree that you have read and fully understand the controlled substance policy and that you **CONTRACTUALLY AGREE NOT TO FILL PRESCRIPTIONS FOR ANY OTHER SEDATIVES, BENZODIAZEPINES or PSYCHOSTIMULANTS** by another provider and any breach will result in termination of services per *Mind Health-Frisco Psychiatry*.

Printed Name: _____

Signature: _____

Date: _____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Telephone: _____