

Barry F. Gritz, M.D.

Christine Wysong, APRN, PMHNP, BC Alexis Williams, APRN, PMHNP, BC Simonpeter Emokpaire, DNP, PMHNP, BC

**Board Certified
Diplomat of the American Board
Of Psychiatry and Neurology**

2211 Norfolk St, Suite 410
Houston, TX 77098
713-869-7400 OFFICE
713-869-7404 FAX

Tax ID # 271577881
NPI # 1487635892 BG
NPI# 1821157363 CW
NPI#1831561901 AW
NPI#1578106217 SE

Controlled Substance Agreement (Stimulants / Benzodiazepines / Sedative-Hypnotics)

Patient: _____ DOB: _____

Date: _____

A. Scope

This agreement applies to any controlled medication prescribed by **the Office of Barry F. Gritz, M.D.**, including (but not limited to) stimulants, benzodiazepines, and controlled sleep agents.

B. One prescriber, one pharmacy

- I will receive the above controlled prescriptions only from **the Office of Barry F. Gritz, M.D.**, unless the prescriber approves otherwise.
- I agree to checks of prescription history (PMP) as part of safe care. (Required)

C. Safe use and storage

- I will take the medication exactly as prescribed by / discussed with my provider.
- I will not share, sell, trade, or give away medication. This is a felony.
- I will store medication securely (locked location recommended).

D. Refills, lost/stolen meds, and early requests

- Refills are provided only as scheduled. Early refills are generally not provided unless discussed with and approved by provider. If for traveling, itinerary will need to be provided.
- Lost/stolen medication is generally not replaced unless approved by provider and will require an appointment and/or police report if theft involved.
- Changes in dose require a clinical visit (unless explicitly directed by the prescriber).

E. Monitoring (UDS / pill counts)

- I understand urine drug screening (UDS) is required (random or scheduled), based on clinical judgment and policy. Random results will be due within time frame determined by provider.
- I may be asked to complete a pill count within a reasonable time frame.

F. Safety cautions (especially for benzos/sleep agents)

- I will avoid alcohol and other sedating substances unless discussed with my prescriber.
- I understand sedation can impair driving/work safety. I will not drive or operate machinery if impaired.
- I will inform the clinic if I become pregnant or plan pregnancy.

G. Follow-up and communication expectations

- I will keep appointments and communicate medication concerns honestly.
- I will notify the clinic of any ER visits/hospitalizations related to mental health or medication concerns.

H. If the agreement is not followed

I understand the prescriber may:

- change the treatment plan,
- reduce/stop-controlled prescribing,
- increase monitoring,
- refer to a higher level of care or specialty services, based on safety and clinical judgment.

Patient Signature: _____ **Date:** _____

Prescriber Signature: _____ **Date:** _____