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Prescription & Refill Policy

Shaka Mental Wellness is committed to providing safe, appropriate, and responsible psychiatric medication management. Regular follow-up appointments and appropriate monitoring are necessary to safely prescribe and manage psychiatric medications.

Prescription Refills

Whenever possible, prescription refills will be addressed **during your scheduled appointment**.

If you need a refill between appointments, please submit your request through your **patient portal** or contact Shaka Mental Wellness.

Please allow at least **2 business days** for routine refill requests to be reviewed and processed. Requests submitted after business hours, on weekends, or on holidays will be reviewed during regular business hours.

Submitting a refill request does **not guarantee that a prescription will be issued**. Refills are provided based on clinical appropriateness, treatment history, required monitoring, and the provider's clinical judgment.

Before Requesting a Refill

Patients are responsible for monitoring their medication supply and requesting refills before running out of medication.

Before submitting a request, please check your medication bottle and/or pharmacy account to determine whether refills are already available.

Please do not wait until your last dose to request a refill.

Follow-Up Appointments

Regular follow-up appointments are required for safe psychiatric medication management.

During the early stages of treatment or when medications are started or changed, more frequent appointments may be necessary to monitor:

- Medication effectiveness
- Symptoms and clinical response
- Side effects
- Safety
- Medication adherence
- Need for dose adjustments
- Need for laboratory testing or other monitoring

Once treatment is stable, appointments may be scheduled less frequently based on individual clinical

needs and provider judgment.

A refill may require a follow-up appointment if you are overdue for care or if reassessment is necessary before the medication can be safely continued.

Controlled Substances

Controlled substances are subject to **additional prescribing requirements, monitoring, and practice policies.**

Patients prescribed a controlled substance by Shaka Mental Wellness will be required to review and sign a **separate Controlled Substance Agreement.**

The Controlled Substance Agreement is a separate form and contains additional requirements regarding the prescribing, use, monitoring, and refilling of controlled medications.

When applicable, patients are responsible for complying with **both this Prescription & Refill Policy and the Shaka Mental Wellness Controlled Substance Agreement.**

Unless otherwise determined by the provider, patients receiving controlled medications must maintain regular follow-up appointments and be seen **at least every three (3) months.**

Additional monitoring may be required when clinically appropriate, including review of the Arizona Controlled Substances Prescription Monitoring Program (CSPMP), drug screening, laboratory testing, vital signs, medication counts, or other appropriate monitoring.

Specific requirements regarding early refills, lost or stolen medication, pharmacy changes, medication monitoring, and other controlled-substance-related issues are addressed in the **Controlled Substance Agreement.**

This Prescription & Refill Policy does not replace or supersede the Controlled Substance Agreement.

Early Refill Requests

Patients are responsible for taking medications as prescribed and appropriately managing their medication supply.

Requests for early refills due to lost, stolen, damaged, misplaced, or prematurely used medication will be evaluated individually.

Early replacement or refill of medication is not guaranteed.

Controlled substances may be subject to additional restrictions as outlined in the separate Controlled Substance Agreement.

Pharmacy Changes & Medication Shortages

Please provide Shaka Mental Wellness with your preferred pharmacy and notify the practice of any changes.

If your pharmacy is unable to fill your medication due to availability or a medication shortage, please contact the office through your patient portal and provide the information for the pharmacy where you would like the prescription sent.

Prescription changes or requests to redirect medication to another pharmacy require provider review and may not be completed immediately.

When possible, patients are encouraged to confirm medication availability with the new pharmacy before

requesting that a prescription be redirected.

Travel & Vacation

If you anticipate travel, surgery, extended work obligations, or another circumstance that may interfere with your medication supply or scheduled follow-up, please notify Shaka Mental Wellness **at least 7 business days in advance whenever possible**.

Advance notice allows adequate time to determine whether appropriate arrangements can safely be made.

Early refills, vacation overrides, pharmacy changes, and schedule adjustments **cannot be guaranteed** and may be affected by pharmacy, insurance, prescribing, or clinical requirements.

Laboratory Testing & Medication Monitoring

Some psychiatric medications require laboratory testing, vital signs, EKG/ECG monitoring, drug screening, or other clinical monitoring.

When monitoring has been requested for medication safety, prescription refills may require completion of the requested testing or evaluation before medication can safely be continued.

Medication Changes & Side Effects

Please take medications only as prescribed.

Do not increase, decrease, stop, restart, or otherwise change how you take a prescribed medication without discussing the change with your provider unless you have specifically been instructed otherwise.

If you are experiencing side effects or have concerns about your medication, please contact Shaka Mental Wellness so your symptoms can be appropriately evaluated.

After-Hours Requests

Shaka Mental Wellness is an **outpatient psychiatric practice and does not provide 24-hour medication management or emergency coverage**.

Routine refill requests, pharmacy issues, prior authorizations, and medication questions are addressed during regular business hours.

Please plan ahead for weekends, holidays, vacations, and office closures.

Emergencies

Do not use the patient portal, email, voicemail, or routine refill process for an emergency.

If you believe you are experiencing a serious or life-threatening medication reaction, medical emergency, or psychiatric emergency, **call 911 or go to the nearest emergency department**.

For urgent mental health crisis support, **call or text 988**.

Patient Responsibilities

To support safe and effective medication management, patients are responsible for:

- Taking medications as prescribed.
- Keeping scheduled follow-up appointments.
- Completing required laboratory testing or other monitoring.
- Maintaining accurate pharmacy information.

- Monitoring medication supply and requesting refills with adequate notice.
- Informing the provider of significant medication side effects or concerns.
- Informing Shaka Mental Wellness of relevant medications prescribed by other health care providers.
- Following additional requirements contained in the Controlled Substance Agreement when applicable.

Provider Discretion & Medication Safety

Medication prescribing is based on clinical assessment, patient safety, appropriate monitoring, applicable prescribing requirements, and the provider's professional judgment.

A particular medication or refill is **not guaranteed solely because it has been prescribed previously.**

Shaka Mental Wellness may require an appointment, additional assessment, laboratory testing, records, or other appropriate monitoring before issuing or renewing a prescription.

Patient Acknowledgment

By signing below, I acknowledge that I have read and understand the **Shaka Mental Wellness Prescription & Refill Policy**. I understand the expectations regarding prescription requests, follow-up appointments, medication monitoring, and medication safety.

I understand that if I am prescribed a controlled substance, I may also be required to review and sign a **separate Controlled Substance Agreement** and comply with the additional requirements contained in that agreement.

Client Signature

Date