

24HR Lifeline MD

CONTROLLED SUBSTANCES AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. Furthermore, this agreement is to prevent misunderstandings about certain medicines the patient will be taking for pain management.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the prescribing physician to consider the initial and/or continued use of controlled substances to treat your medical condition(s):

- 1. I am responsible for my controlled substance medications. If the prescription or medication is lost, misplaced, or stolen, or if I finish it before my refill date, it will not be replaced. I am responsible for taking the medication as prescribed and for keeping track of the remaining amount.**
- I will not share, sell, trade or otherwise permit others to have access to my controlled substance medications. I will not alter/change any information on my prescriptions.
- I give 24HR Lifeline MD the right to verify my prescription profile at any time by either contacting my pharmacy, other physician offices or MAPS prescription monitoring program.
- 4. Prescription refills for all controlled substances can only be obtained during an office visit. There will be no exceptions made.**
- The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of accountability.
- I understand that I may not receive medications if I miss an appointment and prescriptions will not be mailed or filled without being seen on a regular basis at **24HR Lifeline MD**.
- I understand that if I violate any of the above conditions, my controlled substance prescriptions and/or treatment with **24HR Lifeline MD** may be terminated immediately.
- I understand that the main treatment goal is to improve my mental health. In consideration of that goal, I agree I will not abuse alcohol or use any illegal controlled substances, including marijuana, cocaine, heroin, etc.
- If it appears to the psychiatrist that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, the physician will cease prescribing controlled substances.
- 10. I understand that if I violate ANY of the above conditions, my provider may choose to stop writing controlled substances for me.**

*We understand that emergencies can occur and under some circumstances, exception to these guidelines may be made.
Emergencies will be considered on an individual basis.*

Patient Printed Name: _____

Patient Signature: _____ Date: _____