



Controlled Substance Agreement

Potential Risks and Side Effects:

It has been explained to me that controlled substances (opiates, benzodiazepines, hypnotics, and stimulants) are carefully regulated by state and federal government and can be harmful if taken without medical supervision. I further understand that these medication(s) may lead to physical dependence and/or addiction and may cause adverse effects. Alternative methods of treatment, risks involved, and the possibility of complications (including death) have been explained to me. Specific risks and side effects include but are not limited to nausea/vomiting, diarrhea/constipation, excessive drowsiness or sleepiness, insomnia, itching, urinary retention, low/high blood pressure, cardiopulmonary effects, respiratory depression, impaired ability to perform hazardous tasks, impaired judgement reasoning, flu-like symptoms, anxiety/panic, and risks to unborn child when pregnant.

Terms of this agreement:

This agreement outlines the duties and expectations for controlled substance prescriptions. I fully understand the goal of this treatment is for the management of my condition in order to live a more productive and functional life.

1. I will use the medication(s) exactly as prescribed by my physician for the treatment of my condition. For the treatment of this same condition I will not seek prescriptions for controlled substances from any other provider.
2. I will be seen on a regular basis and given prescriptions for enough medication to last from appointment to appointment. Prescriptions will be refilled during appointments only and no refills will be provided on nights, holidays, or weekends. I will obtain my prescription(s) for a controlled substance from the same pharmacy.
3. I am solely responsible for keeping my medication in a safe and secure place, such as a locked cabinet or safe. Stolen medications should be reported to the police and to your provider immediately. Lost or stolen prescriptions may not be refilled and repeated incidents may lead to termination of treatment and discharge from my provider's care.
4. Illicit drug use (cocaine, marijuana, heroin, methamphetamines, etc) is completely prohibited. Use of illegal substances, alcohol, and other mood altering drugs can lead to dangerous side effects. I agree to submit to urine and/or blood drug screens to detect the use or non-use of non-prescribed and prescribed medication(s) at any time and up to every appointment. Any evidence of use of illegal substances may lead to termination of treatment and discharge from my provider's care.
5. I understand that driving or operating machinery while under the influence of any substance, including a prescribed controlled substance, or any combination of substances (e.g., alcohol and prescription drugs) which impairs my driving ability, may result in DUI charges or severe injury/death.
6. If I am a female, I understand that if I become pregnant, or if I am suspicious that I am pregnant, I will notify my provider immediately.



7. I understand that failure to comply with treatment recommendations or if my provider determines that the benefits of controlled substances do not outweigh the risks then treatment may be terminated.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that I understand its contents and that I agree to all of the above conditions.

I have had an opportunity to ask questions and have had my questions answered to my satisfaction. I understand that I may refuse to sign this consent and may withdraw my consent at any time.