

## Treatment with Controlled Substance Medications: Patient Agreement

I, \_\_\_\_\_ understand and voluntarily agree that (initial each statement after reviewing)

- I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.
- I will participate in all other types of treatment that I am asked to participate in.
- I will keep my medicine safe, secure, and out of the reach of children and pets.
- If the medicine is lost or stolen, I understand it will not be replaced until my next appointment and may not be replaced at all.
- I will take my medication as instructed and not change the way I take it without first talking to the doctor or other members of the treatment team.
- I will not call between appointments, or at night or on the weekends looking for refills.
- I understand that prescriptions will be filled only during scheduled office visits with the treatment team.
- If the doctor requires lab, EKG, or other testing to ensure the continued safety of the medication, I will get that testing within 4 weeks and bring a paper copy of any results to the office.
- I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.
- I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.
- I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.
- I will sign a release form to let the doctor speak to all other doctors or providers that I see.
- I will tell the doctor all other medicines that I take, and let her know right away if I have a prescription for a new medicine.
- I will use only one pharmacy to get all on my medicines:

**Pharmacy name:**

**Pharmacy phone #:**

- I will not get any opioid pain medicines or other controlled substance medicines such as benzodiazepines (ex: Klonopin, Xanax, valium) or stimulants (ex: Ritalin, Adderall) without telling a member of the treatment team before I fill that prescription. I understand that the only exception to this is if I need pain medicine for an emergency at night or on the weekends.
- I will come in for drug testing and counting of my pills within 24 hours of being called. I understand that I must make sure the office has current contact information in order to reach me, and that any missed drug screens will be considered positive for drugs.
- I will keep up to date with any bills from the office and tell the doctor or member of the treatment team immediately if I lose my insurance or can't pay for treatment anymore.
- I understand that I may lose my right to treatment in this office and with this provider if I break any part of this agreement.

**Controlled Substance Treatment Program Statement**

We here at Malec and Associates are making a commitment to work with you in your efforts to get better. To help you in this work, we agree that: We will help you schedule regular appointments for medicine refills. We will make sure that this treatment is as safe as possible. We will check regularly to make sure you are not having concerning side effects. We will keep track of your prescriptions and test for drug use regularly to make sure you are safe & your medicine is effective. We will help connect you with other forms of treatment to help you with your condition. We will help set treatment goals and monitor your progress in achieving those goals. We will work with any other doctors or providers you are seeing so that they can treat you safely and effectively. We will work with your medical insurance providers to make sure you do not go without medicine because of paperwork or other things they may ask for. If you become dependent on these medications, we will help you get treatment and get off of the medications that are causing you problems safely.

Patient signature \_\_\_\_\_

Patient name printed \_\_\_\_\_

Date \_\_\_\_\_

Provider signature \_\_\_\_\_

Provider name printed \_\_\_\_\_

Date \_\_\_\_\_