



Northern Psychiatric Associates (NPA) Controlled Substance Prescription Agreement

Controlled medications are controlled for medical and legal reasons. If not used properly they can cause medical problems. If sold for street use they contribute to addiction and crime. Our office **MUST** manage these medications in ways that are medically appropriate and that meet all Federal and State regulations. Please read the following carefully. By signing it, you are agreeing to follow every one of the agreements it contains. Exceptions cannot - and will not - be made.

1. Controlled substances are habit forming and can cause physical dependence. Suddenly stopping the medication may cause physical withdrawal symptoms. These symptoms may include flu-like feelings, crawling skin, sleeplessness, irritability, anxiety, and even seizures.

I understand that I may develop physical dependence from medications. ____ (initial here)

2. **I understand that patients with a history of substance abuse, including alcohol abuse, are at high risk of relapse from certain medications.** Patients with a strong family history of substance abuse are also at high risk for potential addiction. I have notified NPA of any personal or family history of substance abuse, including alcohol abuse. ____ (initial here)

3. **I understand that my medication may not be taken more often than prescribed.** If your medication is not working, you must contact the office. ***You cannot take extra medicine.*** Controlled medications will never be refilled more than 2 days early. If you run out of medication early, you may suffer withdrawal symptoms. ____ (initial here)

4. I will notify NPA within 24 hours if I receive pain medication, sleeping pills, tranquilizers, or other controlled medications from any other doctors (including emergency room doctors). **I understand that I must be dismissed from the clinic if I do not notify NPA that I have received controlled medications from another source.** I also understand that obtaining controlled medications from more than one doctor without notifying all physicians who prescribe for me is a felony. The only exception is medication taken during an inpatient hospitalization. ____ (initial here)

5. To get medication refills, I must be seen in clinic at least every 90 days. **I understand it is my responsibility to schedule and keep all appointments.** I understand that if I have not been seen in 90 days, no medication can be refilled until I come to the office for an appointment. ____ (initial here)

6. **I understand that I am receiving medications that are at high risk of being stolen.** I am responsible for protecting these medications. NPA cannot replace medications or prescriptions that are lost or stolen, including prescriptions lost in the mail. I also understand that if my medications are stolen, I must file a report with local law enforcement agencies. ____ (initial here)

7. **I understand that selling, trading, or giving a medication to another person, including a family member, is illegal.** ____ (initial here)

8. **I understand that NPA fully cooperates with all law enforcement agencies. If I violate this contract, NPA staff MUST consider that I may be abusing or selling medications.** They will report such activities suspicious of selling medications to the appropriate law enforcement agencies for further investigation. In such instances, doctor-patient confidentiality does not prevent doctors from providing pertinent information to law enforcement agencies. ____ (initial here)

9. I understand that medication refill requests can be made by telephone Monday through Thursday, 8:00 am – 5 pm; Friday, 8:00 am - Noon. No refills will be made after office hours or on weekends. ____ (initial here)

10. It is the policy of NPA (and most other clinics) to occasionally perform urine drug tests on those patients taking potent medications. There may, or may not be a cost to the patient for these tests, but we will be unable to prescribe medications to any patient who refuses such a test no matter what the reason. ____ (initial here)

11. I give my permission for Northern Psychiatric Associates to contact any pharmacy, physician, or hospital to specifically discuss my medications whenever they feel it is indicated. ____ (initial here)

Most patients are medically capable of driving once they have adjusted to taking their medication on a regular basis. However, laws in most states consider anyone driving while taking sedating medication(s) to be driving under the influence (DUI). In such cases, it does not help or matter if your doctor believes it was safe for you to drive ____ (initial here)

Patient Name _____

Signed _____ Date _____
Patient

Signed _____ Date _____
Spouse or Significant Other

Signed _____ Date _____
Physician