

## CONTROLLED SUBSTANCE AGREEMENT FOR INTEGRATION MENTAL HEALTH

Controlled substances, including benzodiazepine, prescription sedative hypnotic and stimulant medications, are used as a therapeutic option in the management of chronic medical problems. Such drugs are regulated by State (DORA-Department of Regulatory Agencies) and Federal (DEA-Drug Enforcement Agency) agencies, and the monitoring of such drugs is available by licensed agents via the PDMP (Prescription Drug Monitoring Program).

I understand the following:

The goals of such medications are: to improve my ability to work/function on a regular basis; to help with stated conditions such as anxiety, ADHD, insomnia.

- All controlled drugs must come from the prescriber whose signature appears on the prescription or by the covering prescriber in the absence of the the prescriber's presence
- If I obtain controlled prescriptions from other prescribers for a *different condition*, I will inform the stated prescriber at Integration Mental Health. I agree to not seek a different prescriber for the same condition.
- I will not use, purchase or obtain illegal drugs including cocaine, etc. If I do use legal marijuana, I will notify my prescriber at Integration Mental Health.
- I will not mix alcohol with any sort of benzodiazepine and sedative hypnotic medications, knowing that such combinations may potentially increase my risk of death and legal consequences such as impairment when driving and judgment impairment.
- I may get addicted to such medication, and I realize that having a family history of addictions increases my risk.
- If I need to stop this medication, I will notify my prescriber at Integration Mental Health and comply with any stated tapering recommendations. Abrupt discontinuation of benzodiazepine medications may potential result in seizures and possibly death.
- Medication will likely not be replaced if lost or stolen
- Early refills are prohibited and refills are based on maintaining scheduled appointments.
- Unannounced urine specimens may be required and unexpected "positives" may result in termination of controlled medication(s).
- I will use 1 pharmacy primarily, unless medication(s) unavailable at stated pharmacy.
- I will not share controlled medication(s) with others.
- My provider may require communication with significant other(s), and a release for such information exchange may be needed.

Patient's Name (Printed):

Patient's Signature:

Date

Prescriber's Signature: