

CONTROLLED SUBSTANCES THERAPY AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and protect our ability to prescribe to you. Certain medications for concentration, anxiety and sleep have the potential for abuse or diversion. Accountability is necessary as per governing bodies. For this reason, the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the providers at CTMH to consider the initial and/or continued prescription of controlled substances to treat your mental health diagnoses.

1. All controlled substances in a class should be prescribed from the same medical practice.
2. All controlled substances should be obtained at the same pharmacy, when possible.
3. You are expected to be proactive and inform our office of any new, recent or current controlled medications prescribed or non-prescribed. This applies to recreational and/or illegal substances.
4. The prescribing provider has permission to discuss all diagnostic and treatment details with dispensing pharmacies and other professionals who provide your health care. This includes accessing physical and electronic medicine prescription histories online.
5. You may not share, sell, or otherwise permit others to have access to these medications. Care for the safety of your medication and always keep it in the original container from the pharmacy.
6. These medications should not be stopped abruptly, as an abstinence syndrome may develop.
7. Initial or subsequent oral, urine or blood toxicology may be requested, and your cooperation may be required for ongoing treatment with certain controlled medications. Consuming illegal or non-prescribed substances (aka "street drugs") may be grounds for discontinuing controlled substances and/or discontinuing our professional relationship.
8. Early refills may not be approved. Please discuss with your office any extenuating circumstance.
9. Refills are contingent upon scheduling and keeping regular appointments.
10. It is understood that non-adherence to these policies may result in cessation of therapy with the controlled medication and potentially your therapeutic relationship with our practices.

Please attest "I have read, understood and agree to the Controlled Substances Agreement."

Patient Name

Patient Signature

Date