



TAILORED PSYCHIATRIC WELLNESS

Controlled Substance Agreement

Controlled substance medications (i.e. narcotics, tranquilizers, benzodiazepines, and barbiturates) are therapeutic in certain diagnoses but have a high potential for dependence, tolerance, abuse, and addiction. To protect the public, these types of medications are closely monitored and controlled by local, state, and federal government agencies. When a request for a refill of controlled substance medications is denied because a patient missed a scheduled appointment or did not follow up promptly it is due to these laws and guidelines set forth by government agencies. Tailored Psychiatric Wellness will be prescribed by ALL laws, rules, and guidelines in place by local, state, and government agencies... NO EXCEPTIONS. These medications are not prescribed to make you “feel good”, “not care”, or “forget about everything”. They are prescribed to alleviate symptoms to improve functioning. Because of the risks associated with these types of medications, certain conditions to protect the patient must be in place.

By signing this consent form, you are agreeing to the conditions outlined in this agreement. These conditions are not negotiable and must be followed as stated. If at any time during your treatment at Tailored Psychiatric Wellness, you violate any of the conditions listed below, you will no longer be eligible to receive controlled substance medications.

1. I am responsible for any controlled substances prescribed to me. If the medication is lost, stolen, misplaced, or misused I understand that the medication may not be replaced.
2. I will not request or accept controlled substance medications from any other providers or individuals while I am receiving controlled substances from Tailored Psychiatric Wellness. If you are already on controlled substance medications it is your responsibility to inform Tailored Psychiatric Wellness. Obtaining controlled substance medications from multiple providers is illegal and, more importantly, dangerous to your health. The only exception is if the medications were prescribed while you were admitted to the hospital.
3. I will be provided with the necessary amount of medication to last until my next scheduled appointment. I understand that if I miss my scheduled appointment a refill request for controlled substance medications will be denied.
4. I understand that due to strict guidelines in place by local, state, and federal government agencies a controlled substance medication will not be called in if I miss my scheduled appointment or do not follow up within the time frame ordered by the provider.
5. Federal law requires certain medications to be prescribed once every 30 days with no refills. If you are on a medication that falls into this category your prescription will be submitted to



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the pharmacy we have on file approximately 2 days before the next scheduled fill date. If the pharmacy is out of my medication, I understand it will not be sent to another pharmacy. To change my pharmacy, I understand I must complete a new Controlled Substance Agreement with the updated pharmacy information.

6. I understand that controlled substance medications may alter my ability to drive and I can be charged with Driving Under the Influence should a law enforcement officer deem me impaired.
7. I understand and give full informed consent to urine drug screening when requested for routine screening purposes.
8. I will inform and discuss with my pain management provider before starting any controlled substances prescribed by Tailored Psychiatric Wellness. I understand Tailored Psychiatric Wellness assumes NO responsibility for me taking medication that may violate my pain contract.

I am fully aware of the risks for potential psychological and physical dependency with the use of controlled substance medications. I am aware that the sudden discontinuation of a controlled substance medication after long-term use can induce withdrawal symptoms and result in death. I have read this agreement and fully understand the risks associated with the use of controlled substance medications and the consequences I will endure if I violate any term of this agreement.