

CONTRACT FOR TREATMENT WITH CONTROLLED MEDICATIONS

The purpose of this contract is to protect your treatment with controlled medications and to protect our prescriber’s ability to prescribe controlled medications.

Your physician or nurse practitioner may be prescribing you medications that have been classified by the Drug Enforcement Agency (DEA) as having the potential of producing dependence and addiction. State and federal laws prohibit the transfer of these medications to any other person. Furthermore, the controlled medications should be kept in the bottle dispensed by the pharmacist.

No telephone or fax refills will be allowed for controlled substances except for extreme emergencies. If the prescribed medications are stolen or lost they will not be replaced. You must keep all controlled out of reach of children, preferably locked away. You must not keep controlled substances in your car. **You MUST be seen to get a new prescription, and No early refills or changes in your medication will be allowed.** You must keep your scheduled appointment in order to receive controlled substances. To continue with controlled substances you are required to be examined on a regular basis. It is your responsibility to make your appointment in advance.

All your medications should be filled at the same pharmacy. Any misuse or abuse of medications will result in termination of services. Should you need to consult other physicians, you must let your West End Consultation Group (WECG) prescriber know what (if any) other medications were prescribed and who prescribed them. You may be required to give, at random, a urine specimen, blood test, or saliva test to determine that you are not using any other addicting substances and that you are taking your medication as prescribed. Your long-term goal in treatment is to continue to explore the use of non-addicting medications.

The risks and potential benefits for treatment with controlled medications have been fully explained to me, and are understood, including but not limited to physical dependency, addiction, withdrawal, and over-dosage. I am aware that attempts to obtain a controlled medication under false pretense is illegal. I understand that tampering with a written prescription is a felony. I will not alter my doctor’s prescription at any time for any reason, as it is unlawful to do so.

My signature denotes that I fully understand this contract and am willing to abide by these rules. I understand that failure to comply with this Contract will result with my being discharged from care at WECG with a thirty day notice to find another health provider. I also acknowledge that I was given a copy of this contract.

Patient Name: _____ Date of Birth: _____

Patient Signature

Date