

AGREEMENT FOR CONTROLLED SUBSTANCES PRESCRIPTIONS

The goals of prescribing controlled substances are:

- To help with the symptoms of my mental health condition(s) as much as possible without causing dangerous side effects.
- To improve my ability to function optimally in my life.

I have been informed that:

- I may get addicted to controlled substances. The medical term for this is "physiologic dependence."
- If I or anyone in my family has a history of drug or alcohol problems, there is a higher chance of addiction.
- If I need to stop this controlled substance, I must do it under the supervision of my LifeStance healthcare provider. Controlled substances should not be stopped abruptly. Withdrawal can occur and emergency medical treatment may be needed. Seizures and confusion are possible withdrawal symptoms.

I agree to the following:

- I agree to take any controlled substances exactly as instructed. I am NOT allowed to change the dose or number of times per day that I take my medications without first talking to my provider.
- I will not take controlled substances written by another provider or specialist unless I have notified my LifeStance healthcare provider prior to filling the prescription.
- I am responsible for my controlled substances. I will not share, sell, or trade my controlled substance. I will not take anyone else's controlled substance. I understand doing so is a felony crime.
- I will not increase my controlled substance until I speak with my LifeStance healthcare provider.
- My controlled substance may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my healthcare providers.
- I will bring the pill bottles with any remaining pills of controlled substances to each clinic visit, if required by my LifeStance healthcare provider.
- I agree to give a blood urine sample, if asked, to test for substance use.
- I will not lie or tell misleading information to my LifeStance healthcare provider or any of the clinic staff.
- I will not get angry or make threatening remarks in an attempt to get controlled substances.

Refills

- Prescription refills will be made only during regular office hours, and preferably during scheduled visits. There will be no prescription refills on nights, holidays, or weekends.
- Dosage changes will not be made by phone. They will only be made during a clinical visit, either in person or via telehealth.

- I must call at least **72 business hours** ahead (during regular office hours) to ask for a refill of my controlled substance. No exceptions will be made.
- I must keep track of my medications. Early or emergency refills may not be made.

Pharmacy

- I will use one pharmacy to get my controlled substance(s).
- My provider may talk with the pharmacist(s) about my controlled substance(s).
- The name and address of my pharmacy is:

Pharmacy Name: _____

Pharmacy Address: _____

- While I am taking this controlled substance, my provider may need to contact other providers, family members, or pharmacies to get information about my care and/or use of this controlled substance.
- I will be asked to sign an authorization to release my information prior to contact being made, which is voluntary.

Termination of Agreement

- If I do not adhere to any terms of this agreement, or if my LifeStance healthcare provider decides that the controlled substance(s) is not benefiting me, the controlled substance(s) may be stopped or tapered by my LifeStance psychiatric clinician in a safe way.
- I have talked about this agreement with my LifeStance healthcare provider and by signing this agreement I understand and agree to all of the terms.

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____

Psychiatric Clinician's Signature: _____ **Date:** _____