

CONTROLLED SUBSTANCE POLICY

As a general rule, we do not prescribe benzodiazepines to clients, except under rare and specific circumstances or for certain events such as surgical procedures or flying, which are very anxiety provoking. If you are a potential client already prescribed benzodiazepines, then please be aware that our main approach will be a plan to taper you off of the benzodiazepine over a period of time that is both safe and up to our discretion as practitioners. If, however, you believe that you need continued prescription of a controlled substance, please note that this practice is **NOT** the right place for you.

This practice uses prescribed controlled substances for the treatment of various mental health diagnoses. Most commonly prescribed controlled substances are schedule II substances (stimulants) used for treating ADHD and schedule IV substances (benzodiazepines) used for treating anxiety, insomnia, etc. This Practice prescribes controlled substances with great care, and will only prescribe these medications to patients who adhere strictly to the policy as detailed below. Your signature on this form indicates that you agree to the following should a controlled substance be prescribed to you:

1. I agree to only take my medication(s) as prescribed. This includes the amount I take, how often I take the medication(s) and the purpose for which I take the medication.
2. I have disclosed all of my medications, supplements, and vitamins to my provider. I am responsible for updating my provider with any changes to this list.
3. I understand that the medications that I am being prescribed have abuse potential and that some people who take them develop substance use problem. I also understand that this medication may cause physiological dependence, tolerance and withdrawal.
4. I understand that the Practice may require random drug testing while under their care. I understand that results that are inconsistent with my medical history or medications prescribed or results suggesting that I may have a substance problem (for example testing positive for illegal drugs or medications that I am not prescribed), may be grounds for termination of care at my provider's discretion. I understand that the Practice may recommend a higher level of care such as inpatient detoxification/rehabilitation, etc. I understand that refusal to have drug testing may result in termination of care.
5. I understand that I always have the right to refuse or stop taking my medication(s), but that doing so may result in withdrawal symptoms (with potentially severe medical consequences including, in the case of benzodiazepines, seizures and, in rare cases, death). If I decide to stop a medication or decrease my dose without direct supervision from my provider, I am responsible for any serious adverse reaction or consequences (including seizure and/or death).
6. If there is concern for medication abuse, diversion (giving or selling the medication to others) or "doctor shopping" (obtaining similar medications from multiple prescribers), my care will be terminated at my provider's discretion. Signing this form gives my provider permission to share my medical record (including drug screens) with any law enforcement agency, medical provider and pharmacy if my provider has a concern. St Francis Xavier Psychiatric Services, LLC and its providers are not responsible for any legal repercussions that I incur, should this occur. I understand that the Practice monitors the Prescription Drug Monitoring Programs (<https://www.cdc.gov/overdose-prevention/hcp/clinical->

guidance/prescription-drug-monitoring-programs.html).

7. The Practice may contact all of my current and previous providers and pharmacies at their discretion. Reasons include (but are not limited to) notifying them of this contract, obtaining prescription history.
8. Refill policy - There are no early refills allowed on prescriptions for controlled substances. Lost or stolen controlled substance prescriptions will not be replaced under any circumstance. If patients are having withdrawal symptoms due to lost or stolen controlled prescriptions, they are responsible for going immediately to the ER or calling 911 to seek immediate medical attention. We will not break our controlled medication policies because a patient states that they are having withdrawal.
9. As a general rule, the Practice avoids prescribing benzodiazepines, as they have been shown to potentially increase the risk of Alzheimer's, can be addictive, and can reinforce anxiety. Potential exceptions to this general rule include prescriptions for detox purposes, very infrequent use (*e.g.*, once per month for fear of flying), and other rare circumstances.
10. **Clients who are prescribed controlled substances must agree to be seen at a minimum of every 30 days.**
11. I understand that if I am not adherent to this contract, honest about my medications and/or doses, do not take medications as prescribed, am not honest with my provider about a history of substance abuse or dependence, or do not notify my prescriber should I have concern that I am developing a substance abuse problem, I am solely responsible for any adverse outcomes.

Patient Signature

Date