

ACCOUNT # _____



15825 Shady Grove Road, Suite 140, Rockville, MD 20850 | 5530 Wisconsin Avenue, Suite 530, Chevy Chase, MD 20815 | 2639 Connecticut Avenue, Suite C100, Washington DC 20008
20410 Observation Drive, Suite 210, Germantown, MD 20876 | 6201 Greenbelt Road, Suite U12, College Park, MD 20740 | 18550 Office Park Drive, Montgomery Village, MD 20886
1115 U Street NW, Suite 201, Washington, DC 20009 | 5413 Cedar Lane, Suite 203C, Bethesda, MD 20814 | Telephone: 301.869.9776 | Fax: 301.216.2592

CONTROLLED SUBSTANCE PRESCRIPTION AGREEMENT

“Controlled substances” are medications that are by prescribed by licensed medical professionals. They have a known tendency to be addictive and have a potential for abuse. In 1970 the Controlled Substance Act was enacted into law by the Congress of the United States as Title II of Comprehensive Drug Abuse Prevention and Control Act. The Drug Enforcement Administration (DEA) enforces acts. In order for a medical provider to prescribe a controlled substance they must have a DEA license. Each controlled substance prescription that is written in monitored and then tracked to that provider. Inappropriate prescribing of controlled substances may lead to drug diversion and abuse.

Controlled substances are widely prescribed to treat ADD, ADHD, pain, anxiety, and insomnia. The success of treatment depends on mutual trust and honesty between the patient and the provider. Comprehensive Primary Care and Associates P.L.L.C. (CPC) must responsibly manage these medications in ways that are medically appropriate, provide quality of care and met all state and federal regulations.

Please read the following carefully. By signing it, you are agreeing to understand and will follow CPC’s Controlled Substance Policy.

I understand that while I am prescribed _____:

- 1) Change in prescriptions/refills will only be made during scheduled appointments and NOT via phone, at night on weekends or holidays. _____ (INITIAL)
- 2) To get refills, I must be seen in the office at CPC at least every 90 days. It is my responsibility to schedule and keep my appointments. No early refills. _____ (INITIAL)
- 3) My medication may NOT be taken more often than prescribed. If the medication is not working, or I am having an unexpected effect from it, I will contact the office. _____ (INITIAL)
- 4) I am receiving medications that are at high risk of being stolen. I am responsible for protecting these medications/prescriptions. I will store my medication in a secure place away from children or mentally incompetent persons. CPC will not replace medications/prescriptions that are lost, stolen, get destroyed or left on a plane. If my medications are stolen, I must file a report with a local law enforcement agency. _____ (INITIAL)
- 5) Selling, trading, forging/tampering with, or giving medications/prescriptions to another person, including a family member, is illegal. CPC fully cooperates with all law enforcement agencies. CPC will report any suspicious activity for further investigation. Patient/Provider confidentially (HIPPA) does NOT prevent CPC from providing pertinent information to law enforcement agencies. _____ (INITIAL)
- 6) My provider may adjust the dosage or discontinue the medication if they feel continuing the therapy presents a danger to my safety and well-being, if I am no longer receiving reasonable therapeutic effect or in any way I am not longer a good candidate for the medication. _____ (INITIAL)
- 7) I will NOT alter my medication in anyway (i.e. chewing or crushing tablets) or use any other route to administration (i.e. injecting or snorting), other than as prescribed by the provider at CPC. Potential toxicity could occur due to rapid absorption, which may lead to death. _____ (INITIAL)
- 8) I am aware of the potential untoward effect that this medication might have on my fetus, if I am a female with the potential of getting pregnant. _____ (INITIAL)
- 9) I give my permission to CPC to contact any pharmacy, medical provider, or hospital to specially discuss my medication whenever they feel it is necessary. If I receive any controlled substance from another provider, including emergency room doctors or other specialists, except inpatient hospitalization, will notify CPC within 72 hours. _____ (INITIAL)
- 10) These medications may interfere with my ability to drive, operate machinery or think coherently. Most patients are medically capable of these activates once they have adjusted to taking their medication. However, laws in most states consider anyone while taking sedating medication(s), to be driving under the influence (DUI). In such cases, it does not help or matter if your provider believes it was safe for you. _____ (INITIAL)

ACCOUNT # _____



15825 Shady Grove Road, Suite 140, Rockville, MD 20850 | 5530 Wisconsin Avenue, Suite 530, Chevy Chase, MD 20815 | 2639 Connecticut Avenue, Suite C100, Washington DC 20008
20410 Observation Drive, Suite 210, Germantown, MD 20876 | 6201 Greenbelt Road, Suite U12, College Park, MD 20740 | 18550 Office Park Drive, Montgomery Village, MD 20886
1115 U Street NW, Suite 201, Washington, DC 20009 | 5413 Cedar Lane, Suite 203C, Bethesda, MD 20814 | Telephone: 301.869.9776 | Fax: 301.216.2592

11) It is CPC's policy to perform standard urine or serum drug testing annually as randomly on those patients taking controlled substances. Testing may include screening for illegal as well as other controlled substances. There may or may not be a cost to the patient for these tests. That is dependent upon your healthcare policy. We will be unable to prescribe medications to any patient who refused this screening. _____ (INITIAL)



I affirm that all my questions have been answered. I have full right and power to accept all terms, to sign and be bound by this agreement. Failure to abide by this agreement will result in termination of the medication prescription(s) and possibly the termination of services from CPC.

Patient Name _____

Patient Signature _____ Date _____

Provider Signature _____ Date _____