

Integrated Health Concepts Controlled Substance Agreement

Integrated Health Concepts and its Physicians all have a common treatment goal.

We want to improve your ability to function/work and to have the best quality of life.

In consideration of that goal, I understand that I may be treated with controlled substances (narcotics, tranquilizers, nerve pills, ADHD stimulants, and/or testosterone). These medications are highly effective when taken as directed under medical supervision; but they also have potential for misuse/abuse and unintentional overdose and death. Due to addiction potential and legal issues involved, management of my medication(s) will be done under the following agreement in order to comply with state and federal regulations.

I understand that my PCP will prescribe controlled substance if the following terms are adhered to:

- _____ I agree that only my PCP shall prescribe all medications for the control of my symptoms (pain, anxiety) related to My condition. I agree to inform my PCP as soon as possible if I obtain the same or similar controlled substance prescription from any other source.
- _____ I understand that certain medications may interact with others; therefore, I agree to inform my PCP of ALL medications (including OTC medications) I may be taking for other medical conditions. I am aware that illicit drug use will not be tolerated. The use of alcohol is contraindicated.
- _____ I agree to be called in for random urine drug screens, at my expense, and random pill counts of my medication at any time without prior notification to determine compliance. When notified, you must arrive at the office no later than 4:30pm on the same business day.
- _____ I understand that the original bottle of my prescribed controlled substance must be brought to every visit.
- _____ I agree to use my medication exactly as written for the prescribed dose, time, interval or frequency, and route. I understand that this medication will not be refilled early and that my physician can discontinue or adjust at any time.
- _____ I understand that my refill will only be made at the time of an office visit during regular business hours. I agree to use the same pharmacy for my controlled substance: **Pharmacy Name:** _____.
- _____ I am responsible for my prescriptions and medications that are prescribed to me. I will safeguard them from theft, use by family, children or any other unauthorized person. I understand that my prescription will not be replaced in the event it becomes damaged, lost, misplaced, stolen or disappears for ANY reason.
- _____ I will not share, sell, or trade my medications with anyone. I understand that it is against the law.
- _____ I understand that some medications have the potential for physical and psychological dependence. If this happens, I will follow my physician's guidance and participate in any treatment program. I understand this can include medical treatment, psychological counseling and detoxification.
- _____ I understand that my PCP is access the Controlled Substance Monitoring Database (CSMD) to monitor compliance and/or contact any health care professional, pharmacy, legal authority, or regulatory agency regarding any concerns for misuse, sale or other diversion of my medications.
- _____ I understand care should be taken while operating machinery or driving a care while taking these medications. I also understand that I can be prosecuted for a DUI offense while taking these medications and release my provider of any legal liability.

FEMALES ONLY:

- _____ I understand that if I become pregnant, I will immediately inform my PCP and obstetrician to obtain counseling on risks to the baby.

I understand and agree to the following above stated terms which have been fully explained to me. I understand that Violating any of these will terminate my ability to obtain any controlled substance from IHC and/or termination from the Practice. All of my questions and concerns regarding treatment and the use of controlled substances have been adequately Addressed.

Patient

Date

Witness

Date

Revised 10/2020