The Joy of Life Clinic
Revive. Thrive. Live Fully

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Effective May 1, 2024

Controlled Substances Agreement

I. Purpose and Overview

This Controlled Substances Agreement outlines the expectations and responsibilities of patients who may be prescribed medications classified as controlled substances under DEA regulations. These substances include, but are not limited to, benzodiazepines, stimulants, hypnotic/sedatives, and opioids. Such medications will only be prescribed when medically appropriate, and patients must review and accept the terms of this agreement before receiving any controlled substances.

II. Prescribing Controlled Substances

1. **Provider Discretion:** There should be no presumption of prescription. Patients should not expect that a provider will automatically prescribe a controlled medication based on past use or a diagnosis from another provider, including conditions such as ADHD, anxiety, insomnia, bipolar disorder, chronic pain, or another condition.

2. **Initial Consultation Documentation:** If you have psychological or other testing results, medical records, or pharmacy records that document a specific diagnosis or previous medication use, we urge you to please bring these to your initial appointment for comprehensive evaluation.

3. **Deliberate Prescribing:** Our providers may postpone the prescription of controlled medications until at least your second visit. This delay allows time for a thorough review of your medical history, including consultations with previous pharmacies and analysis of federal prescription databases.

4. **Urgent Controlled Medication Needs:** Our practice may not be the most suitable option if you require urgent prescription of controlled medications. We recommend you seek a facility that specializes in such immediate care.

5. **No Fee Waivers:** Disagreements regarding a diagnosis or decisions not to prescribe certain medications are not valid reasons for waiving appointment fees.

6. **Compliance with Regulations:** We strictly adhere to state and federal regulations governing the prescription of controlled substances to ensure compliance and maintain the integrity of our medical practice.

7. **Safety and Efficacy:** Before prescribing, we assess the safety and efficacy of medication, considering potential risks and benefits to ensure the best outcomes for your health.

8. **Patient Education:** We provide detailed explanations regarding the use, risks, benefits, and alternatives of controlled medications to ensure you are well-informed about your treatment options.

9. **Regular Follow-ups:** Continuous monitoring and follow-ups are required for patients receiving controlled medication to adjust dosages, monitor side effects, and evaluate treatment effectiveness.

10. **Consent and Agreement:** We require your explicit consent and agreement to our controlled medication management plan, underscoring our mutual commitment to your health and well-being.

III. Medication Management and Patient Responsibilities

11. **Adherence to Prescriptions:** You agree to take all medications, including controlled substances, exactly as prescribed. This includes following the dosage, frequency, method of administration, and intended purpose as discussed with your provider. Any questions or concerns regarding your medications must be addressed directly with your provider, rather than making changes on your own.

12. **Disclosure of All Medications:** You are responsible for fully disclosing all medications, supplements, and vitamins you are taking to your provider. Any changes to this list must be promptly reported.

13. **Understanding Risks:** Controlled substances have potential risks, including abuse, dependence, tolerance, and withdrawal. Your provider will explain these risks, and it is your responsibility to seek further clarification if needed.

14. **Drug Testing:** Your provider may require drug testing during your treatment. Any inconsistency between your drug test results and your medical history or prescribed medications will be discussed with you to determine appropriate actions, which may include referral to a higher level of care or termination of your treatment. Refusal to undergo drug testing may result in similar actions.

15. **Discontinuation of Medication:** You have the right to refuse or discontinue any prescribed medication. However, doing so without your provider's supervision may result in withdrawal symptoms and severe medical consequences for which the provider will not be held responsible.

IV. Misuse and Abuse Prevention

16. **Monitoring and Communication:** If your provider suspects that you are misusing or abusing controlled substances, giving or selling them to others, or obtaining similar prescriptions from multiple providers, they will make reasonable attempts to discuss these concerns with you. Such behaviors may lead to the termination of your care and may be reported to the appropriate authorities.

17. **Legal and Law Enforcement Cooperation:** By signing this agreement, you authorize your provider to share your medication records and drug test results with law enforcement agencies, other medical providers, or pharmacies if necessary. The clinic and your provider are not responsible for any legal consequences that may arise from such disclosures.

18. **Provider Contact with Other Entities:** Your provider may contact your current and previous healthcare providers and pharmacies as deemed necessary. This may include obtaining prescription and treatment histories or notifying relevant parties about this agreement.

V. Patient Accountability

19. **Honesty and Communication:** You must be honest with your provider about the medications and dosages you are taking, any history of substance abuse or dependence, and any concerns about developing a substance use problem. Failure to disclose this information places full responsibility for any adverse outcomes on you.

20. **Acknowledgment and Agreement:** By signing this agreement, you acknowledge that you fully understand and accept all terms. Should you be prescribed a controlled substance, you agree to adhere to this agreement in its entirety.

VI. Acknowledgement

These protocols are designed to ensure the meticulous management of controlled medications, aligning with best medical practices and regulatory requirements. Our cautious approach serves to protect your health and safety, minimizing potential misuse and ensuring that all prescriptions are therapeutically appropriate. We value the trust you place in our clinic and strive to uphold the highest standards of medical care. Your understanding and cooperation are essential as we work together to achieve the best possible health outcomes

Your signature below indicates my understanding of and commitment to complying with the terms of this Controlled Substances Agreement. I understand that this agreement is essential to ensure safe and effective treatment and to protect both me, the patient, and the provider from potential risks associated with controlled substances.

Name:		
Signature:		Date:
Provider:		
Provider’s Signature:		Date: