VALDOSTA PSYCHIATRIC ASSOCIATES

3541 NORTH CROSSING CIRCLE
VALDOSTA, GEORGIA 31602
229-244-4200 Phone
229-244-4995 Fax

CONTROLLED SUBSTANCE POLICY

The purpose of this agreement is to create an understanding regarding controlled substances (a type of medication that is regulated by the states and the Federal government) that may benefit your symptoms. My goal is to treat you safely with these potent medications and also to prevent abuse of or addiction to these medications.

Medications such as stimulants (Adderall, Vyvanse, etc.), benzodiazepine, tranquilizers, barbiturate sedatives and muscle relaxants such as Soma (carisoprodol), that may be useful in managing your symptoms, can be problematic in several ways: These medications have "street value" and potential for abuse. Although these medications may be prescribed with the goal of improving your comfort and functionality, their medical use is also associated with the risk of serious adverse effects such as development of an addition disorder or a relapse in a person with a prior addition history. The extent of this risk is uncertain, but it is known to be higher in certain vulnerable patients. My goal is to have you take the lowest possible dose of medication that is reasonably effective in managing your pain and improving your function, and when possible, have it tapered and eventually discontinued, while at the same time monitoring and managing these potential risks.

Because these medications have the potential for abuse or diversion (i.e., sharing, trading or selling to anyone other than whose name is on the prescription), strict accountability is necessary for both medical safety and legal reasons. Therefore, the following policies are agreed to by you, the patient, to help me keep you safe and to provide you with good care.

- You must get a prescription for all controlled substances from the physician whose name appears below or, during his or her absence, by the covering physician, unless specific written authorization is obtained for an exception. (Multiple sources can lead to medication interactions or poor coordination of treatment.)

- You must obtain all controlled substances from the same pharmacy. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

____Phone____________________

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- You must inform our office of any new medications or medical conditions and of any adverse effects you experience from any of the medications that you take.

- You must give the prescribing physician permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability and coordinating your care.

- You may **NOT** share, sell or otherwise permit others to have access to these medications. You must take all medications exactly as prescribed, unless you develop side effects. If you develop side effects, you must consult with your doctor or local emergency providers.

- You must not stop these medications abruptly or without consulting the prescribing physician, as an abstinence/withdrawal syndrome may develop.

- **You must agree that your urine will be tested for controlled or illegal substances before initiation of therapy, (the collection of your urine may be monitored) and that random urine follow up testing will be done. Again, the collection of your urine may be monitored. You must cooperate in such testing, and you must agree that the presence of unauthorized substances, illicit substances or absence of prescribed medications may prompt referral for assessment for additive disorder and possible tapering and discontinuation of the controlled substances immediately or in the future.**

- You will not give your prescriptions or bottles of these medication to anyone else. These substances may be sought by other individuals with chemical dependency and should be closely safeguarded. You will take the highest degree of care with your medications and prescriptions. You will not leave them where others might see or otherwise have access to them.

- You may be asked to bring the original containers of medication to each office visit.

- You must keep all controlled substances in a secure area. Since the medication may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.

- You must exercise extreme caution when taking these medications and driving or operating heavy machinery. The use of these medications may induce drowsiness of change your mental abilities, thereby making it unsafe to drive or operate heavy machinery. The effects of these medications are particularly problematic during any dose changes. If you are the slightest bit impaired, you must refrain from these activities.

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- You must discuss the long-term use of controlled substances with your physician. Prolonged use of controlled substances can be associated with serious health risks. You need to understand these risks.

- You must agree that medications will not be replaced if they are lost, flushed down the toiled, destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft and present that report to the prescribing physician, an exception may**, but probably won't**, be made.

- You must agree that early refills will **NOT** be given.

- You understand that prescriptions may be issued early only if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions that they **NOT** be filled prior to the appropriate date.

- You agree that, if the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.

- You agree that failure to adhere to these policies may result in tapering and cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.

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Physician Signature Dr. Joe Morgan	Patient Signature
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Date	Print Patient Name
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	Patient Date of Birth