

PSYCHIATRIC ASSOCIATES OF ARKANSAS

CONTROLLED SUBSTANCE CONTRACT

We are committed to doing all we can to treat your psychiatric illness. In some cases, benzodiazepines for anxiety or stimulants for the treatment of ADHD may be prescribed. These medications are strictly regulated by both state and federal guidelines. This agreement is a tool to protect both you and the physician by establishing guidelines, within the laws, for the proper controlled substance use.

1. All controlled substances have a potential for dependency and abuse.
2. Narcotics (pain pills) are not psychiatric medicines and we do not prescribe them.
3. All benzodiazepines or stimulants must come from the physician whose signature appears below, or during his/her absence, by the covering physicians unless specific authorization is obtained for an exception.
4. All controlled substances must be obtained from the same pharmacy, where possible. Should the need arise to change pharmacies our office must be informed. The pharmacy you have selected is \_\_\_\_\_, phone \_\_\_\_\_.
5. The prescribing physician has permission to discuss all diagnostic and treatment details with the dispensing pharmacists or other professionals who provide your health care for the purpose of maintaining accountability.
6. You may not share, sell, or otherwise permit others including spouse or family members to have access to these medications.
7. You agree to not consume excessive amounts of alcohol in conjunction with prescribed controlled substances. Additionally, you agree to not purchase, obtain or use any illegal drugs.
8. Unannounced urine drug screens may be requested and your cooperation required. Presence of unauthorized substances may result in your discharge from PAA.
9. Medications will not be replaced if they are lost, stolen, get wet, destroyed, left on an airplane, etc.
10. If the responsible legal authorities have questions concerning your treatment, as might occur if you were obtaining medication at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records.
11. Early refills will not be given. Renewals are based on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
12. In the event you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.
13. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by PAA physicians.
14. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understood, and accept all its terms.
15. You agree to allow us access to your past prescriptions history.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_