DILIGENCE CARE PLUS CONTROLLED SUBSTANCE AGREEMENT

Responsible use

Establishing trust with my healthcare provider is of paramount importance. I recognize that the effectiveness of my medical care and medication is contingent upon a transparent and honest relationship and adherence to the terms of this agreement. This principle applies to patients of all ages; therefore, in cases where a patient is under the age of 18, a parent or guardian must also provide their signature.

Controlled substances

The prescribed medication is classified as a controlled substance and is governed by specific regulations designed to ensure safety. Any violations of these regulations may lead to the discontinuation of the medication and could also be deemed unlawful.

Agreement Importance

Failure to adhere to this agreement may result in modifications to my medication regimen, which may include dosage adjustments or a referral to a specialist. Should I have a history of noncompliance with another provider, my current healthcare provider may opt not to prescribe controlled substances.

Medication use

- I will refrain from the use of illegal drugs and will not share, sell, or trade my prescribed medications.
- I will communicate with my healthcare provider regarding all the medications I am taking, as well as any side effects I may experience.
- I will not request the same medication from multiple healthcare providers.
- I will adhere to the prescribed dosage and understand that obtaining early refills is unlikely.
- I recognize that mixing medications with other substances may pose significant risks. Therefore, I will avoid the unsafe consumption of alcohol and other drugs.

I acknowledge that if I am prescribed a benzodiazepine, it will be on a short-term basis, as Diligence Care Plus does not provide prescriptions for controlled benzodiazepine for extended periods. I will adhere strictly to the dosage guidelines established by my physician or nurse practitioner. Additionally, I understand that early refills of my medication may not be permitted. Should I fail to schedule and attend follow-up appointments with my physician or nurse practitioner, I am aware that I may be ineligible for further prescriptions.

SIDE EFFECT INFORMATION I acknowledge the role that controlled substances play in my treatment, including the various available medication alternatives and their potential side effects as prescribed by my physician or nurse practitioner. I recognize the possibility of developing a dependency on these substances, where my body and brain may come to require them for continued efficacy. I am aware that some individuals may adapt to the medication and subsequently feel the need to increase their dosage to achieve the desired effects, which may lead to addiction. I understand that discontinuation of the medication may require a gradual process, conducted under the guidance of my physician or nurse practitioner.

For women only- I acknowledge that if I choose to take this controlled medication during my pregnancy, there is a risk that my baby may be born with an addiction to it. I understand the importance of promptly informing my healthcare provider, including my doctor, nurse practitioner, or obstetrician, if I become pregnant while using this medication. It is essential to recognize that certain medications are contraindicated during pregnancy, as they may lead to birth defects or other adverse outcomes.

Refill and Safety-

I will take measures to safeguard my medication against loss or theft, and I acknowledge that replacement medications are not assured. Travel is generally not considered a valid justification for early refills. Therefore, I encourage discussion of these matters with your physician or nurse practitioner in advance.

Pharmacy and Lab Work

I will use the same pharmacy for all my prescriptions and will inform my healthcare provider if my pharmacy changes. I will adhere to all laboratory work requests, as noncompliance may have implications for my treatment plan.

Understanding Side Effects

I possess an understanding of the therapeutic benefits of the medication, its alternatives, and the potential side effects, including the risks of dependence and addiction. If necessary, I will collaborate with my healthcare provider to implement a safe tapering plan for discontinuation of the medication.

For women

In the event that I am currently pregnant or planning to conceive, I will promptly inform my healthcare provider or obstetrician, as certain medications may pose risks to the developing fetus.

Appointments

I hereby confirm my commitment to attending all recommended appointments. If my current provider departs, I will seek a new provider to evaluate my medication requirements and will schedule necessary refill appointments accordingly.

I hereby acknowledge my understanding and acceptance of these terms by affixing my signature to this agreement. Non-compliance may result in alterations to the medication or treatment plan or the termination of services.

- I am signing on behalf of the patient

Patient

Patient/Guardian signature

Provider Name /Signature