



# Kelly Yan

Psychiatric Mental Health Nurse Practitioner

## CONTROLLED MEDICATION USE AGREEMENT

As part of your mental health treatment, you may be prescribed a medication that is classified as a Controlled Substance by the U.S government. These medications are tightly managed because of their risk for abuse or dependency.

Before initiation of a controlled medication, your provider may require access to any pertinent health records, a urine drug screen, or other information or actions. The provider will also check the Prescription Drug Monitoring Program database.

To ensure safe and responsible use of controlled medications, you agree to the following:

- You will take the medication as prescribed.
- You will not use any sedatives, alcohol, marijuana, or other controlled medications without discussing it with your prescriber.
- You will keep regularly scheduled follow-up appointments with your prescriber.
- If indicated by the medication or requested by your provider, you agree obtain regular vital signs or labs, such as blood pressure or EKG. This can be done by seeing your provider in person, purchasing your own home monitor, coordinating with your primary care provider, or going to a lab.
- You will secure this medication. Consider a lock box or other storage options. Take only a small amount with you when you leave your home. Lost or stolen medications may not be refilled.
- You will not give or sell this medication to anyone.
- You will not attempt to seek additional prescriptions from another provider.
- If you experience any adverse effects when taking or stopping this medication, you will alert the provider and, if necessary, seek urgent care or emergency department treatment.
- The therapeutic benefit of the medication will be reevaluated periodically, and the medication will be discontinued if the provider determines it is no longer beneficial.
- Refill requests will be communicated to your provider at least 5 days before you will be out of medication using the method agreed upon by you and your provider.
- Your provider may require a urine drug screen at any time in the treatment process.
- Law enforcement agencies will be notified if there is evidence of prescription tampering or other illegal activity.
- Your provider is under no obligation to provide this medication; she or he reserves the right to discontinue these medications at any time.
- You will contact your provider if you wish to stop this medication. In some cases, stopping medications can have adverse or even dangerous effects.
- Any violation of the points of this agreement may be grounds for discontinuing the medication or discontinuing care. Any exceptions will be at the provider's discretion.

*I have read the Agreement above and I agree to its terms. I can request a copy for my records.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by person other than client:

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_