



CONTROLLED SUBSTANCE TREATMENT CONTRACT

In general, Pediatric Health Care Alliance provides enough refills and renewed prescriptions at the time of your appointment. Patients are asked to track their supply, and ensure they have an appointment scheduled before they run out of medication. This practice reduces prescription errors, improves patient safety, and encourages appropriate follow-up. Additionally, it improves compliance with state laws governing controlled substances. It is your responsibility to notify your medical provider immediately of any side effects of your medication.

In accordance with insurance guidelines and current quality standards, Pediatric Health Care Alliance requires medication-monitoring office visits **every three months** for patients who are prescribed controlled substances. Patients requiring frequent prescriptions adjustments may need to be seen more often. If you have not had an appointment within three months, Pediatric Health Care Alliance will not be able to fill your prescription. Remember that your providers' schedule fills up months ahead, so please plan accordingly.

PREScription REFILLS - CONTROLLED MEDICATIONS

As with non-controlled medications, in general, ***all refill requests should be made during appointment times***. Exceptions are made for changes to your medication between appointments or the unforeseen need for refills/rescheduling issues beyond your control. Stimulants (most medications for ADHD, including Ritalin or its generic equivalent methylphenidate, Adderall, Focalin, Concerta, Vyvanse, etc.) are controlled substances. Since these medications are easily abused and there is an illegal market for these medications, the DEA and the Florida Board of Medicine monitor prescribing and refill practices for these medications. If you are prescribed one of these medications, it is critical that you follow the controlled medication policy.

A summary of this policy is as follows:

- You **MUST** take these medications as directed.
- If you feel the need to adjust the dose to a higher dose of the medication, you must call the office and consult with the provider prior to making any adjustments to the dose.
- You must be responsible with your medication and take measures to ensure that your medication is not lost or stolen.
- Please be aware that a urine, blood, and/or other specimen type drug test may be done without notice as part of physician oversight of patients for whom a controlled substance is prescribed.

If you require an early refill of your medication because you have adjusted your dose without consulting your medical provider or because your medication was lost/stolen, you are in violation of the controlled medication policy. Pediatric Health Care Alliance understands that unexpected circumstances, out of your control, may result in you needing an early refill for your medication and will allow ONE violation of the controlled medication policy to allow for these circumstances. Subsequent occurrences of violation of the policy may result in your termination as a patient with Pediatric Health Care Alliance at the discretion of the provider. While this may seem harsh, due to the nature of these medications, Pediatric Health Care Alliance must be able

to manage these prescriptions responsibly and, in a timely manner, to minimize any potential abuse or diversion.

If your medical provider has agreed to provide you with a controlled medication refill between appointments, you must allow at least 72 hours for refill of the prescription.

Please be proactive in your care and track how much medication you have and how many refills remain on the prescription, and ensure you have an appointment to see the physician before you are out of medication.

By signing this form, I agree that I have read this form, agree to, and understand its contents, and specifically agree and consent to having a drug test performed by my physician.

*If you have questions or concerns about the consent and would like to speak with the provider prior to giving consent, please contact the prescribing providers office.

Patient Name: _____

Patient Signature (if 18 years and older): _____

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

Signed Date/Time: _____