



Controlled Substance Agreement

Safe Use of Controlled Substances

This form collects information that is part of the medical record.

Patient Information

MR Number:	Patient Name:	DOB:
------------	---------------	------

Controlled substance medications (e.g., opioids, narcotics, benzodiazepines, stimulants) are very useful, but have a high potential for misuse and are, therefore, closely controlled by local, state and federal governments. Your health care team has decided that a controlled substance agreement may be beneficial for you. However, there are risks associated with long-term use and among them there may be a risk of physical dependence, tolerance, overdose and accidental injury or death. Because of these concerns, WellStar handles controlled substances differently from other medications and requires that you read and sign this agreement. WellStar wants to ensure these medications are properly prescribed and that patients and families are knowledgeable about their correct use.

As a patient, I understand and agree to the following:

- A controlled substance medication must be prescribed by one prescribing provider or their health care team.
- I acknowledge that the prescribing provider and pharmacy are obligated to cooperate fully with any city, state or federal law enforcement agency, including the Georgia Composite Medical Board, the Georgia Board of Pharmacy and the Drug Enforcement Administration in the investigation of any misuse, abuse, sale or other diversion of prescribed medications, and to ensure that they are being used for legitimate medical purposes. The prescribing provider may be required to provide a copy of this agreement to the patient's pharmacy, insurance company or enforcement agency.
- I acknowledge that various states maintain databases to monitor the prescribing of controlled substances. The prescribing provider must check the state Prescription Drug Monitoring Program website as required by Georgia State law prior to issuing any new prescriptions or authorizing refills.
- Georgia's DUI law stipulates that, while operating a vehicle, it is illegal to have any amount of a schedule I or II controlled substance in the body.
- I acknowledge that unannounced, random urine or serum drug screens may be requested by my care team as required by Georgia State law and the patient's cooperation is required. Presence of unauthorized substances may prompt referral for assessment of addictive disorder and/or cessation (stopping) of therapy. Refusal to comply to submit at time of request may prompt cessation (stopping) of therapy.
- I agree to tell the prescribing provider right away if I start any new medications, develop new medical conditions or experience any new side effects.
- If I begin taking the controlled substance medications, I understand and acknowledge that the prescribing provider may discuss all tests, lab results and other diagnostic and treatment details with other professionals who provide me with health care services.
- I agree to not stop taking the controlled substance medication abruptly or change the dosage without the approval of the prescribing provider who prescribed the medication. Doing so may cause serious side effects or withdrawal.
- I understand and acknowledge that it is illegal to share, sell or give these controlled substance medications to other people.
- I agree to safeguard my medication from damage, loss or theft and I agree to dispose of unused medications by using drop-off boxes or other methods recommended by my prescriber.
- **I understand that controlled substance medications will not be replaced.** _____ Initial
- I agree to keep these controlled substance medications out of the reach of anyone else, especially children and pets, as these controlled substance medications could cause serious harm or death.
- I agree to bring the unused portion and the original containers of medications to each office visit, if requested by the prescribing provider.
- I acknowledge that controlled substance renewals are contingent upon me keeping scheduled appointments and completing ongoing assessments and evaluations as required by Georgia State law or as requested by the patient's prescribing provider, including Physical Medicine and Rehabilitation, Pain Rehabilitation, Psychiatry consult or any other specialist as requested.
- I acknowledge that a controlled substance medication may not be renewed if I do not keep scheduled health care appointments.
- I acknowledge that the prescribing provider may adjust the dose of medication, quantity of medication or directions of use at any time.
- I acknowledge that early refills of these controlled substance medications generally will not be honored. Any exceptions will need to be discussed with your provider.
- I acknowledge that if I do not fully comply with the conditions of this agreement, the prescribing provider may taper or cease prescribing the medication, and if circumstances dictate, the prescribing provider may terminate the patient/provider relationship.
- **For pregnant patients or women of childbearing age:** I understand that the medication(s) prescribed may affect my pregnancy and have the possibility of affecting the development of my child. These effects may be present even if I choose to no longer use the medication(s). I recognize that my child may be physically dependent on the medication(s) I am taking and may need to be brought through medical detoxification immediately after birth. I also understand that due to any medication exposure during my pregnancy, the medication may be excreted in breast milk.

I have read this document and have had the opportunity to ask questions in regard to the prescription renewals. I have received a copy of this agreement.

Patient or Legal Guardian Signature	Printed Name	Date (Month DD, YYYY)
Education Provided By		Date (Month DD, YYYY)
Call number below with any questions.	©2018 WellStar Health System. This information is confidential and proprietary to WellStar and is for the Internal use of WellStar only. These materials may not be redistributed outside of your organization without permission from WellStar. Materials and information are current as of July 1, 2018. Any modifications and updates to the materials shared here are the responsibility of each WellStar member.	