

Rogue Mental Health *Solutions*: RMHS

Office Agreement for the use of Controlled Substances

Your provider has prescribed a controlled substance for you. To continue receiving this medication from your provider, you agree to the following:

(Please read and review each line)

1. You agree to show up for all scheduled appointments.
2. You agree to take this medication only as prescribed and any medication changes will occur only **AFTER** talking with your medical provider. Your provider may lower or take you off this medication if they feel it is necessary.
3. You agree to random drug screenings when asked and will bring your pills to your visit when instructed.
4. You are aware that this medication is checked in the Oregon Prescription Drug Monitoring Program.
5. You agree not to take medication prescribed for another person. You will not be involved in the sale, illegal possession, or transportation of a controlled substance. This includes not selling or giving others your prescribed medications.
6. You agree this contract can be shared with emergency rooms, your primary care provider, and other providers involved in your care including pharmacies.
7. You agree to report to this clinic any prescription given to you by another provider, and understand that being on another controlled substance, may result in being taken off the controlled substance prescribed by RMHS' medical provider.
8. You agree to inform your provider of all medications you are taking including herbal remedies as some of your medications can interact with over-the-counter medications and other prescribed medications.
9. You agree to use one pharmacy to fill your medications. The patient is responsible for knowing when medications will need to be refilled. A **minimum** of 72hour notice is required for refills.
 - No early refills if medications are overused / abused / misused.
 - You are responsible for following the prescription directions listed on the bottle unless otherwise discussed with your medical provider.
 - No medication / prescription will be replaced if lost, stolen, misplaced, overused, etc.
 - Medications are for the prescribed individual's use only. It is illegal to "share" or sell your medications.
10. ***(For females only)*** I confirm that I am not pregnant, and that I will use measures to prevent pregnancy while taking medications harmful to the fetus. I will immediately notify my provider at RMHS if I become pregnant.
11. ***You will not act abusive or aggressive towards RMHS staff. This behavior may result in loss of services through RMHS.***

I understand that if I do not follow my treatment plan at RMHS or any of the above conditions, my prescription of controlled substance may be discontinued under proper weaning, and that I run the risk of no longer being able to have controlled substances prescribed in the future by RMHS.

Patient Printed Name: _____ Date: _____

Patient/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____