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Benzodiazepine Patient Agreement

Controlled medications are very useful but have a high potential for misuse and are, therefore, closely monitored and controlled by local, state, and federal governments. I agree to the following conditions :

1. I have given all information regarding my history, any previous prescription information and any past substance abuse or addiction honestly and truthfully. I agree to notify all providers involved in my care of my current medication regimen, including controlled substance medications.
2. I am responsible for the controlled substance medications prescribed to me. I understand and agree to take these medications only as directed. I will not increase the dosage or frequency for any reason. If I feel like I may need a dosage adjustment or a change in medication, I know it requires an office visit. I will not share, sell or trade any of my controlled substance medications, nor will I take anyone else's controlled substance medications. I acknowledge that it is both illegal and potentially very dangerous to share or sell prescription medications to another person.
3. Refills of controlled substance medications will be made only during regular office hours Monday through Friday, in person, once a month, during a scheduled office visit. Refills will not be made at night, on weekends, or during holidays. No refills by phone. Will not be made if I "run out early", or "lose a prescription", or "spill / misplace my medication". I will call at least 48 hours ahead if I need assistance with a refill.
4. I understand that my mental status will be assessed and monitored on a regular basis to see how my treatment plan is working. If requested, I agree to engage in therapy to learn and use behavioral skills to cope with symptoms and plan to reduce the dosage of these medications in order to minimize risk of tolerance / dependence. I agree to remain an active participant in treatment alternatives that include but are not limited to additional medications, counseling or referring to a Specialist.
5. I agree to have all prescriptions for controlled substances filled at the same pharmacy. Should the need arise to change pharmacies, the practice will be notified immediately. I give my prescriber and staff full permission to communicate with the pharmacist about my care and medications.
6. I will not request or seek out benzodiazepine medications from anyone else including other clinicians, emergency departments, dentists and so forth. I understand it is my responsibility to know if I am taking this type of medication. I will notify the office immediately if any other provider prescribes a controlled substance medication.
7. I agree to allow my prescriber to order any testing needed to make sure I am using my medications correctly, including not abusing illicit substances. I understand that I may be tested at any time and if I do not comply with the request within 24 hours, my medication may be discontinued.
8. I understand that if I violate any of the above conditions, my prescription for controlled substance medications may be terminated immediately. If the violation involves obtaining controlled substance medications from another individual, or the concomitant use of nonprescribed illicit (illegal) drugs, I will also be reported to all my physicians, medical facilities, and appropriate authorities.

I have been fully informed regarding psychological dependence of controlled substance medications. I know that some individuals may develop a tolerance to the medication, necessitating a dose increase to achieve the desired effect, and there is a risk of becoming physically dependent on the medication. I know that it may be necessary to stop taking the medications. If so, I must do slowly while under medical supervision or I may develop life threatening withdrawal symptoms. I have read this contract and I fully understand the consequences of violating this agreement.

Pharmacy Name _____ Number (__ __ __) __ __ __ - __ __ __ __

Print Name _____ DOB __ __ / __ __ / __ __ __ __

Signature _____ Date __ __ / __ __ / __ __ __ __

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