

A controlled medication(s) is being given as part of my mental health treatment; VPBS wants to make sure that I am healthy and safe and getting better while taking controlled medication(s). Medications will be given within state and national rules. When I am given controlled medication,

(Name) _____ DOB _____ understand and agree to:

- This medication is a part of my treatment plan and it is important to stick to all parts of my treatment plan as given by my APRN.
- I will follow the directions given to me for all my medications. I will not take more medicine than what I am supposed to. I will not be able to ask for refills before they are due.
- Drinking alcohol when taking this medication can harm my body and can put my health at risk.
- Starting and stopping this medication can cause me to harm my body.
- Some people can become hooked to these medications; if I think this is taking place, I will talk to my APRN.
- I will get this medication only from my APRN. I will let my APRN know as soon as I can if I get any controlled medication(s) from a new place or person. APRN will look at an OARRS report at all visits to see what medications I am taking, people/places that are giving medications to me and what is being filled at pharmacy(s); if it says I have more than one refill of the same medicine by more than one people or places or unsafe medication combinations, I may no longer be able to get my controlled medications at VPBS.
- I may have to pee in a cup for drug testing and/or bring my pills to the office to be counted when asked.
- I cannot use illegal drugs or medications not given to me while taking this medication. A positive drug test for anything other than medications given to me may lead to no longer be able to have controlled medication at VPBS.
- I cannot sell or give away my medications. A negative drug screen for the controlled medication given to me may lead to no longer be able to have this medication at VPBS.
- I will keep my medication safe. If it is lost or stolen, I will have to wait for my next appointment for a new prescription or I can go to an urgent care or ER as needed.
- I will go to all my appointments and if I need to miss, I will call to reschedule at least 2 days before to cancel and reschedule. Missed appointments without calling to reschedule can lead to no longer getting controlled medication at VPBS. My controlled medication may not be refilled without being seen; refills may not be given.
- My medication can be stopped at any time if APRN see that it is the right medically choice for me.

If I fail to follow any of the above guidelines, the controlled medication may be discontinued.

Medication(s): _____

Client Signature _____ Date _____

APRN Signature _____ Date _____