



CONTROLLED SUBSTANCE PRESCRIPTION AGREEMENT

“Controlled substances” are medications that licensed medical professionals prescribe. They have a known tendency to be addictive and have a potential for abuse. In 1970 the Controlled Substance Act was enacted into law by the Congress of the United States as Title II of the Comprehensive Drug Abuse Prevention and Control Act. The Drug Enforcement Administration (DEA) enforces acts. A medical provider must have a DEA license to prescribe a controlled substance. Each controlled substance prescription written is monitored and then tracked to that provider. Inappropriate prescribing of controlled substances may lead to drug diversion and abuse.

Controlled substances are widely prescribed to treat ADD, ADHD, pain, anxiety, and insomnia. Treatment success depends on mutual trust and honesty between the patient and the provider. DAJA HEALTH must responsibly manage these medications in medically appropriate ways, provide quality care, and meet all state and federal regulations.

Please read the following carefully. By signing it, you agree to understand and follow DAJA HEALTH’S Controlled Substance Policy.

I understand that while I am prescribed _____ :

1. 1) Change in prescriptions/refills will only be made during scheduled appointments and NOT via phone, at night, on weekends, or on holidays. _____ (INITIAL)
2. 2) To get refills, I must be seen in the office at DAJA HEALTH at least every 90 days. It is my responsibility to schedule and keep my appointments. **No early refills.** _____ (INITIAL)
3. 3) My medication may NOT be taken more often than prescribed. If the drug is not working, or I am having an unexpected effect, I will contact the office. _____ (INITIAL)
4. 4) I am receiving medications that are at high risk of being stolen. I am responsible for protecting these medications/prescriptions. I will store my medication securely away from children or mentally incompetent persons. DAJA HEALTH will not replace medications/prescriptions lost, stolen, destroyed, or left on a plane. I must file a report with a local law enforcement agency if my drugs are stolen. _____ (INITIAL)
5. 5) Selling, trading, forging/tampering with, or giving medications/prescriptions to another person, including a family member, is illegal. DAJA HEALTH fully cooperates with all law enforcement agencies. DAJA HEALTH will report any suspicious activity for further investigation. Patient/Provider confidentially (HIPPA) does NOT prevent DAJA HEALTH from providing pertinent information to law enforcement agencies. _____ (INITIAL)
6. 6) My provider may adjust the dosage or discontinue the medication if they feel continuing the therapy harms my safety and well-being if I am no longer receiving reasonable therapeutic effects or, in any way if I am no longer a good candidate for the medication. _____ (INITIAL)

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7. 7) I will NOT alter my medication in any way (i.e., chewing or crushing tablets) or use any other route to administration (i.e., injecting or snorting) other than as prescribed by the provider at DAJA HEALTH. Potential toxicity could occur due to rapid absorption, which may lead to death. _____ (INITIAL)
8. 8) I am aware of the potential untoward effect of this medication on my fetus if I am a female with the potential of getting pregnant. _____ (INITIAL)
9. 9) I give my permission to DAJA HEALTH to contact any pharmacy, medical provider, or hospital to specially discuss my medication whenever they feel it is necessary. If I receive any controlled substance from another provider, including emergency room doctors or other specialists, except inpatient hospitalization, I will notify DAJA HEALTH within 72 hours. _____ (INITIAL)
10. 10) These medications may interfere with my ability to drive, operate machinery or think coherently. Most patients are medically capable of these activities once they have adjusted to taking their medication. However, laws in most states consider anyone, while taking sedating medication(s), to be driving under the influence (DUI). In such cases, it does not help or matter if your provider believes it was safe for you. _____ (INITIAL)

ACCOUNT # _____

11) It is DAJA HEALTH'S policy to perform standard urine or serum drug testing annually randomly on those patients taking controlled substances. Testing may include screening for illegal as well as other controlled substances. There may or may not be a cost to the patient for these tests. That is dependent upon your healthcare policy. We cannot prescribe medications to any patient who refuses this screening. _____ (INITIAL)

I affirm that all my questions have been answered. I have full right and power to accept all terms, to sign and be bound by this agreement. Failure to abide by this agreement will result in the termination of the medication prescription(s) and possibly the termination of services from DAJA HEALTH.

Patient Name _____

Patient Signature _____ Date _____

Provider Signature _____ Date _____

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