PSYCHIATRIC CONSULTANTS OF FLORIDA, LLC

SPECIALIZING IN ADULT, CHILD AND ADOLESCENT, FORENSIC PSYCHIATRY AND ADDICTION MEDICINE

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# CONTRACT FOR PRESCIPTION/CONTROLLED SUBSTANCE MEDICATION

Controlled substance medications (tranquilizers, stimulants, and non-stimulants) and all prescription medications can be very useful in the treatment of pain. Unfortunately, they also have a high potential for abuse and misuse and are very closely supervised by the local, state and federal governments.

I agree to enter into the following contract with the health care givers of Psychiatric Consultants of Florida, LLC.

1. I am responsible for my controlled substance and all prescription medications. If the prescription or medication is lost, misplaced or stolen or I use it sooner than prescribed, **I UNDERSTAND THAT IT WILL NOT BE REPLACED.**
2. I will not request nor accept controlled substance medication from any other physician or individual while I am receiving such medications from Psychiatric Consultants of Florida, LLC. The exception would be if I were hospitalized and under the care of another physician.
3. Refills of controlled substance and all prescription medication:
   A. Will be made during office hours only. 9:00 a.m. to 4:30 p.m. Monday through Friday. Refills will not be made at night, on holidays or weekends.
   B. Will not be made if I **"run out early".** I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining.
   C. Will not be made as an "**EMERGENCY**". I will call at least 12 to 24 hours ahead if I need assistance with a controlled substance and prescription medication.
   D. I understand that if I violate any of the above conditions my relationship with Psychiatric Consultants of Florida, LLC may be terminated. I understand that I may be reported to the Drug Enforcement Authorities, other physicians and local medical facilities.

_____ _____

Patient Signature Print Patient Name

_____ _____

Witness Date

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AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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