



Controlled Medication Safe Use Agreement

Controlled medications may be used to increase your ability to participate meaningfully in your daily activities, but they have serious safety risks. The purpose of this agreement is to review how to use these medications safely and to make sure ethical and legal standards of care are followed.

Some examples of controlled medications may include:

- Opioids:** Norco (hydrocodone & acetaminophen), MS Contin (morphine), Dilaudid (hydromorphone), Methadone, Percocet (oxycodone & acetaminophen), Tylenol with Codeine, Morphine, Oxycotin (oxycodone), Tramadol, Buprenorphine, Fentanyl
- Benzodiazepines:** Klonopin (clonazepam), Ativan (lorazepam), Xanax (alprazolam), Valium (diazepam), Librium (chlordiazepoxide)
- Hypnotics:** Ambien (zolpidem), Lunesta (eszopiclone), Sonata (zaleplon)
- Muscle Relaxants:** SOMA (carisoprodol)
- Stimulants:** Ritalin (methylphenidate), Concerta (methylphenidate), Adderall (amphetamine/dextroamphetamine), Dexedrine (dextroamphetamine), Focalin (dexamethylphenidate), Metadate (methylphenidate), Vyvanse (lisdexamfetamine).
- Other: _____

Risks of controlled medications may include:

- **Risk of tolerance over time:** You may experience less symptom relief when a medication is used daily for long periods of time. Higher doses increase the risk for side effects and even death.
- **Risk of addiction:** Addiction means you have strong cravings and use the medication compulsively and uncontrollably despite negative impacts on your life.
- **Risk of physical dependence and withdrawal:** Withdrawal symptoms may occur when you attempt to stop the medication. Withdrawal from opioids may cause flu-like symptoms with stomach pain, nausea, diarrhea, anxiety, body aches, and restlessness. Withdrawal from benzodiazepines may cause anxiety, difficulty sleeping, irritability, seizure, and even death.
- **Risk of accidents:** Controlled medications may affect your ability to safely drive and operate heavy machinery and may increase your risk for falls and other accidents.
- **Risk of death:** Controlled medications can cause death, especially if taken more than prescribed, and even if taken as directed. For example, if you become ill, the medication may have a stronger effect. Taking controlled medications with street drugs or alcohol increases this risk. Your provider may prescribe you naloxone (Narcan), which is used in the event of opioid overdose. It is dangerous to combine opioids with sedating meds or substance because of risk of respiratory depression
- **Risk to baby or fetus:** Taking controlled medications during pregnancy or nursing can cause harm to your baby. Please tell your provider if you are pregnant, planning to become pregnant or are breastfeeding.

In order for your provider to safely prescribe controlled medicines, you must agree to the following:

1. **Follow through.** It is important that you follow through with all agreements and care plans you make with your medical team.
2. **Take medicines as prescribed.** Taking more medications than prescribed can cause accidental overdose and death. If you take more than prescribed and run out of medication early you may experience withdrawal. Your provider may not refill your medication early. If you feel you need a different dose, schedule an appointment with your provider to discuss your care.



3. **Tell your other providers that you have a controlled medicine agreement.** If another provider gives you a controlled medication in addition to the one subject to this agreement, you must let the provider prescribing the medication subject to this agreement know within one (1) business day. This applies to medication given following accidents, crises, and emergencies (for example, new injury or dental problems).
4. **We participate in California’s controlled medicine monitoring program.** Your medical team is required to work with law enforcement to investigate possible misuse of controlled medication. Your medical team checks CURES (Controlled Substance Utilization Review and Evaluation System) routinely to monitor when you have your prescription filled.
5. **Combining alcohol or street drugs with controlled medications is very dangerous.** If you are drinking alcohol or taking street drugs, your provider may not be able to continue to prescribe controlled medications. Your medical team may also require random urine drug tests.
6. **For refills, call your pharmacy 5 working days prior to running out of the medicine.** Controlled medication refills require time for processing. Your regular provider or clinic will only process refills during normal business hours. You must not seek or obtain controlled medications from other sources (including other medical providers, friends, family, etc.).
7. **It is your responsibility to safeguard your controlled medicine.** Your medical team may not replace lost or stolen controlled medications. It is your responsibility to store your medication in a secure place where it will not be lost or stolen and is out of reach of children or pets.
8. **Never share or sell your controlled medication.** This is called diversion and is against the law.
9. **Respectful communication and behavior.** We are here to address your concerns and connect you to proper channels in the event you feel frustrated. Throughout your treatment, we expect you to treat all staff with courtesy and respect.
10. **Controlled medicines may affect your ability to think clearly.** If controlled medications are impairing your thinking, its your responsibility not to drive, operate heavy machinery, perform difficult tasks, or make important decision
11. **If your provider believes controlled medicine is no longer appropriate for your care, he or she may slowly reduce your medicine or refer you to a specialist who can help you transition off the medicine.** If you feel the medicine is not providing you benefit or causing you too many side effects, **DO NOT STOP THE MEDICINE SUDDENLY.** Please discuss with your provider so they can assist you in getting off the medication safely.
12. By signing this document, it means you have read, understood, and agreed to follow the above requirements. If you do not follow these requirements, you understand your provider may stop prescribing these Medicine(s) to you.

PRINT NAME: _____ DOB: _____

SIGNATURE (Patient/Guardian): _____ DATE (MM/DD/YY): _____

IF THIS DOCUMENT WAS TRANSLATED (Language): _____

PRINT INTERPRETER NAME: _____ OR INTERPRETER ID#: _____

PRINT PROVIDER NAME: _____ DATE (MM/DD/YY): _____

PROVIDER SIGNATURE _____

This agreement will remain in effect until it is replaced or if a new provider becomes responsible for your care. If a new provider becomes responsible for your care, a new agreement must be signed.