



Controlled Medication & Safe Prescribing Agreement

Purpose

TrueNorth Psychiatric Nursing Corp. is committed to providing safe, evidence-based psychiatric treatment. Certain medications—including stimulants, benzodiazepines, sedative-hypnotics, and other controlled substances—carry risks including dependence, tolerance, misuse, diversion, overdose, medication interactions, and withdrawal.

This agreement establishes expectations for patients who are prescribed, or request consideration for, a controlled medication.

Signing this agreement does not guarantee that a controlled medication will be prescribed or continued. The decision to initiate, continue, modify, taper, or discontinue any medication remains a clinical decision made by the treating provider based on diagnosis, treatment response, safety, monitoring results, applicable laws, and accepted standards of care.

1 Controlled Medication Evaluation

A previous prescription from another provider does not guarantee that TrueNorth Psychiatric Nursing Corp. will continue the medication or the same dose.

Before prescribing a controlled medication, the provider may require:

- A comprehensive psychiatric evaluation
- Review of previous medical or psychiatric records
- Verification of prior diagnoses or treatment
- Review of the patient's prescription history
- Appropriate laboratory or toxicology testing
- Additional diagnostic testing when clinically appropriate
- Coordination with other treating professionals

The provider may recommend non-controlled alternatives when clinically appropriate.

2 Prescription Monitoring

Patients understand that the provider will review the California prescription monitoring database (CURES) as required by law and may review it at other clinically appropriate times.

Patients must disclose controlled medications received from other healthcare professionals.

Obtaining controlled medications from multiple prescribers without informing the treating provider may result in reassessment of the patient's treatment plan and controlled-substance prescribing.

3 One Prescriber / One Pharmacy

Whenever reasonably possible, controlled psychiatric medications should be managed by one prescriber and filled at one designated pharmacy.

The patient agrees to inform the provider if another clinician prescribes a controlled medication.

The patient must notify the practice if a pharmacy change is necessary.

4 Medication Use

Patients agree to:

- Take medications exactly as prescribed.
- Not increase the dose or frequency without provider authorization.
- Not take additional doses because the medication feels less effective.
- Not share, sell, trade, or give medication to another person.
- Not use another person's prescription medication.
- Store controlled medications securely.
- Inform the provider of significant medication side effects or safety concerns.

Diversion, falsification of information, prescription alteration, or intentional misuse may result in discontinuation of controlled-substance prescribing and may affect continuation of care with the practice.

5 Early Refills

Controlled medications are expected to last for the period prescribed.

Early refills are generally not provided.

Running out early because medication was taken more frequently or at a higher dose than prescribed does not guarantee an early replacement prescription.

Repeated requests for early refills may result in reassessment of the medication's safety and appropriateness.

6 Lost, Stolen, Damaged, or Misplaced Medication

Controlled medications that are lost, stolen, damaged, misplaced, discarded, or otherwise unavailable are generally not replaced before the next scheduled refill date.

The provider retains discretion to consider exceptional circumstances.

A police report or other documentation may be requested when medication is reported stolen. Providing documentation does not guarantee replacement.

Patients are responsible for securely storing their medications.

7 Drug and Alcohol Testing

When controlled medications are part of treatment, the patient agrees to toxicology testing when clinically indicated.

Testing may include urine, oral fluid, blood, or other appropriate testing and may evaluate for:

- Prescribed medications
- Non-prescribed controlled substances
- Illicit substances
- Alcohol or relevant metabolites
- Other substances that may affect medication safety

Testing may be scheduled or requested without advance notice when clinically appropriate.

Refusal to complete clinically indicated testing may result in the provider declining to initiate or continue a controlled medication.

An unexpected result will be evaluated clinically and may require discussion, confirmatory testing, increased monitoring, modification of treatment, tapering/discontinuation of a medication, or referral for additional treatment.

8 Substance Use Disclosure

Patients are expected to honestly disclose alcohol, cannabis, illicit substance use, misuse of prescription medications, relapse, and other substance-use concerns when relevant to treatment.

Honest disclosure of substance use does not automatically result in termination from the practice. The purpose of disclosure is to allow the provider to make safe treatment decisions.

However, active substance use, misuse, or a substance use disorder may affect whether a particular controlled medication can be safely prescribed.

9 Benzodiazepine Policy

Medications such as alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), and similar medications may cause tolerance, physical dependence, cognitive impairment, sedation, falls, withdrawal, and other complications.

Long-term benzodiazepine therapy is not automatically continued solely because it was prescribed by another clinician.

When clinically appropriate, the provider may recommend:

- A lower dose
- Limited or intermittent use
- A gradual taper
- Psychotherapy
- Non-controlled medication alternatives
- Other evidence-based treatments

Benzodiazepines may be inappropriate when combined with alcohol, opioids, certain sedating medications, or other substances that substantially increase sedation or overdose risk.

If discontinuation is clinically indicated after physical dependence has developed, the provider will generally consider an appropriate taper rather than abrupt discontinuation when medically appropriate.

10 Stimulant Medication Policy

Stimulants such as Adderall, Vyvanse, Dexedrine, Concerta, Ritalin, Focalin, and related medications are Schedule II controlled substances.

A previous ADHD diagnosis or stimulant prescription does not automatically establish that stimulant treatment will be continued.

The provider may require appropriate assessment and documentation supporting the diagnosis before prescribing.

Continued stimulant treatment may require monitoring of:

- Symptoms and functional improvement
- Blood pressure and heart rate
- Side effects
- Medication adherence
- Substance use
- Prescription monitoring information
- Toxicology testing when clinically appropriate

Repeated early-refill requests, evidence of misuse or diversion, unexplained prescription-monitoring findings, significant safety concerns, or failure to participate in required monitoring may result in modification or discontinuation of stimulant treatment.

11 Appointments and Monitoring

Controlled medications require appropriate clinical follow-up.

Patients are responsible for scheduling and attending required appointments before medication supplies are exhausted.

Repeated missed appointments or failure to complete required monitoring may result in the provider being unable to safely continue a controlled medication.

A prescription will not automatically be provided solely because the patient has run out of medication.

12 Specific Medication or Dose Requests

Patients are encouraged to discuss medication preferences and previous treatment experiences.

However, treatment decisions are made collaboratively based on clinical assessment and safety.

The practice does not guarantee prescriptions for a specific medication, controlled substance, dosage, or combination of medications upon request.

Threatening, intimidating, abusive, deceptive, or coercive behavior toward the provider or staff in an effort to obtain medication is unacceptable.

13 Medication Safety

Patients should inform the provider of all prescription medications, over-the-counter medications, supplements, alcohol use, cannabis use, and other substances relevant to their care.

Patients should not drive, operate dangerous equipment, or engage in activities requiring full alertness when impaired by medication.

Controlled medications should be stored securely and away from children or other individuals who could accidentally or intentionally access them.

14 Changes or Discontinuation of Controlled Medication

The provider may determine that continued controlled-substance treatment is no longer clinically appropriate.

Depending on the circumstances, the provider may:

- Increase monitoring
- Modify the dose or treatment plan
- Require additional evaluation or testing
- Recommend a gradual taper
- Discontinue controlled-substance prescribing
- Recommend substance-use treatment
- Refer the patient to another specialist or higher level of care

Discontinuation of a particular controlled medication does not necessarily mean termination of psychiatric care with the practice.

When clinically appropriate, the practice may continue treatment using safer or non-controlled alternatives.

15 Practice Relationship

Serious or repeated violations of this agreement may result in reconsideration of whether TrueNorth Psychiatric Nursing Corp. can safely continue the treatment relationship.

If termination of the provider-patient relationship becomes necessary, the practice will follow applicable professional and legal requirements regarding notice, continuity of care, and emergency resources.

Patient Acknowledgment

- I have reviewed and understand the TrueNorth Psychiatric Nursing Corp. Controlled Medication & Safe Prescribing Agreement.
- I understand that controlled medications are prescribed according to clinical judgment and that signing this agreement does not guarantee that I will receive a controlled medication.
- I understand that failure to follow this agreement may result in changes to my treatment plan, including increased monitoring, tapering, or discontinuation of controlled medication when clinically appropriate.
- I have had an opportunity to ask questions regarding this policy.

PATIENT NAME

PATIENT SIGNATURE

DATE

PROVIDER NAME

PROVIDER SIGNATURE

DATE