



Controlled Substance Agreement (rev_2)

Controlled Substance Agreement

The purpose of this agreement is for your Reclaim Joy Medical psychiatrist to outline the conditions under which she or a physician covering in her absence will prescribe controlled substances. Controlled substances prescribed by Reclaim Joy Medical psychiatrists may include stimulants, and only rarely if ever benzodiazepines, buprenorphine, and other anxiolytic/sedative agents.

The following things are promises that Reclaim Joy Medical psychiatrists make to me about any controlled substances I am prescribed.

- 1) Dr. Abu Ata and Dr. Freerksen agree that a Reclaim Joy Medical psychiatrist will respond within 1-2 business days to your request to refill a controlled substance, as long as it is not a request for an early refill.
- 2) Reclaim Joy Medical agrees to notify you by phone and by secure message when the federal government reinstated the Ryan Haight Law. The Ryan Haight Law requires at least one in-person visit (as opposed to telehealth) before prescribing controlled substances.
- 3) Reclaim Joy Medical promises that if your psychiatrist discharges you from our practice and closes your file, your psychiatrist will give you at least 2 referrals (to addiction program resources if applicable) and 30 days of any non-controlled medications she has prescribed you in the past. Enough controlled substance will be prescribed to safely taper off over 30 days. You will also be mailed a release of information so that your file can be sent to your next psychiatrist upon your signature. If you decide to leave her care, a release of information and referrals will be mailed to you, though refills of medications are decided on a case-by-case basis.

The following things are promises made by me to my psychiatrist regarding any controlled substances that I may be prescribed.

1) It is my psychiatrist's hope that this relationship will be one in which I can be honest with my doctor about medications I receive from other practitioners and any drugs I use recreationally. I will give my psychiatrist this clinical information and provide a urine sample for toxicology screens if it is my psychiatrist's medical recommendation. *

Yes No



2) I will not sell my medication, and I will not allow anyone else to use or sell my medication. I will store my medication in a secure location to prevent it from being lost, stolen, or unintentionally used by others. I will not use anyone else's prescribed medication. *

Yes No

3) I will take my controlled substance medication as instructed and prescribed, and I will not exceed the maximum prescribed dose. Any change in dosage must be documented in my Patient Portal Instructions or approved by my psychiatrist. *

Yes No

4) I understand that controlled substance medications will not be replaced if they are lost, damaged, or stolen. *

Yes No

5) I understand that my physician is required by state law to check the Controlled Substances Database for details of when controlled substances have been filled at a pharmacy. I expect her to do this at appropriate intervals. *

Yes No

6) My Reclaim Joy Medical psychiatrist has permission to talk to any other healthcare providers that might be prescribing me medications. I will provide her with the relevant written permission to contact other practitioners involved in my care. *

Yes No



7) I agree to meet with my psychiatrist at Reclaim Joy Medical as often as medically necessary for my mental health. If I wait longer than 3 months to see my psychiatrist for an appointment, she cannot prescribe any controlled substances until she sees me again. *

Yes No

8) I agree to abide by the terms of this agreement. I understand that if I do not uphold my part of this agreement, my psychiatrist will stop prescribing my controlled-substance medications and may discharge me from the Reclaim Joy Medical practice. *

Yes No

PATIENT OR GUARDIAN NAME: *

PATIENT OR GUARDIAN SIGNATURE: *

Today's Date: *
