



BUFFALO
308 12th Ave. S
Buffalo, MN 55313



ELK RIVER
253 8th St. NW, Suite A
Elk River, MN 55330



MONTICELLO
407 Washington St.
Monticello, MN 55362



ST. CLOUD
1321 13th St. N
St Cloud, MN 56303



FOCUS XII
3220 Veterans Drive
St Cloud, MN 56303



NORTHWAY IRTS
1509 24th Ave. N
St Cloud, MN 56303



WAITE PARK
411 3rd St. N
Waite Park, MN 56387

24-HOUR CRISIS RESPONSE LINE
(320) 253-5555 | (800) 635-8008

I have been prescribed a controlled substance for the treatment of symptoms related to a psychiatric disorder.

Controlled substances and are tightly regulated by state and federal law because of a high risk for abuse. Therefore, the prescription will be written for a one-month supply, with or without refills, per the discretion of the prescriber. **The prescriber does not replace lost, stolen or damaged prescriptions.** This means that the prescription generally will not be rewritten before the **30-day renewal period, regardless of the reason for an early refill request.** I acknowledge that I am responsible for protecting my medications from being lost, stolen, or misused by others. It is both illegal and potentially very dangerous to share or sell prescription medications with another person. I understand it is a FELONY to obtain these medications by fraudulent means, to possess these medications without a legitimate prescription, or to give or sell these medications to others for any reason.

I agree that my previous prescribing clinician, if applicable, may be notified that my prescriptions are now going to be written by a new prescriber. I agree that my previous prescribing clinician may disclose my prescription history to my new prescriber.

I will NOT seek duplicate prescriptions written for the same, similar, or commonly misused medications. Commonly misused medications include, but are not limited to, gabapentin (Neurontin), bupropion (Wellbutrin, Zyban), quetiapine (Seroquel), and phentermine (diet pills). I understand my pharmacy records can be requested and reviewed if deemed necessary.

I agree to consistently update my concurrent medication list with all my providers. **I agree to inform my current prescriber immediately if I am prescribed any pain pills from another prescriber** (such as from primary care physician or the ER) as this can be dangerous or deadly in combination with other controlled substances, especially benzodiazepines.

Because mixing benzodiazepine/stimulant medications with drugs, alcohol and pain pills can be unsafe (possibly result in injury or death), and to ensure the safe and proper use of controlled substance prescriptions, a **urine drug screen** may periodically be required prior to renewing a prescription. I pledge to be cooperative with this request **within 48 hours.**

My prescribing clinician requires **medication follow-up visits regularly until the dose of medication is stable. If appointments are not kept, my prescriptions may not be renewed.** Prescription renewal requiring an appointment will be provided during a scheduled appointment and not on a walk-in basis. Once the dose of medication is stabilized, then I may be allowed to have visits less often.

I acknowledge that violation of these policies concerning controlled substances will result in immediate termination of my prescription for those substances, which may require me to seek treatment for withdrawal at an ER or other capable facility.

I have read and understand this contract and I agree to comply. I have received a copy of this document. *

Patient Name

Date

EEO/AA

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