



Medication Adherence Agreement

We, at Redemption Psychiatry are committed to doing all we can to treat your illness. In some cases, controlled substances are used as a therapeutic option in the management of anxiety states, insomnia, attention problems, and chronic pain (may be prescribed elsewhere), which are strictly regulated by both state and federal agencies. This agreement is a tool to protect both you and the provider by establishing guidelines, within the laws, for proper and controlled substance use. The words “we” and “our” refer to Redemption Psychiatry and the words “I,” “you,” “me,” or “my” refer to you, the patient.

1. I will inform my physician of any current or past substance abuse, or any current or past substance abuse of any member of my immediate family.
2. I will inform Redemption Psychiatry of any new medications or medical conditions, and of any adverse effects I experience from any of the medications that I take.
3. All controlled substances must come from the physician whose signature appears below or, during his/her absence, by the covering provider, unless specific authorization is obtained for an exception. I understand that I must tell the provider whose signature appears below or, during his/her absence, the covering provider, all medications that I am taking, have purchased, or have obtained. Failure to do so may result in drug interactions or overdoses that could result in harm to me, including death.
4. I will not seek prescriptions for controlled substances from any other physician or healthcare provider. I understand it is unlawful to be prescribed the same controlled medication by more than one healthcare provider at a time without each provider’s knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a provider, or his/her staff, or knowingly withholding facts from a provider or his/her staff (including failure to inform the provider or his/her staff of all controlled substances that I have been prescribed).
5. I will inform my other healthcare providers that I am taking the controlled substances listed above, and of the existence of this Agreement. In the event of an emergency, I will provide the foregoing information to emergency department providers.
6. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, I will inform Redemption Psychiatry immediately. The pharmacy that you have selected is:

PHARMACY NAME:

PHONE:

7. I will not allow anyone else to have, sell, use, or otherwise permit others, including spouse or family members, to have access to any controlled substances that I have been prescribed. The sharing of medications with anyone is forbidden and is against the law.
8. I will cooperate with unannounced urine or serum toxicology specimens that may be requested by my provider. Presence of unauthorized substances in urine or serum toxicology screens may result in immediate discharge from Redemption Psychiatry.

9. I will not consume excessive amounts of alcohol in conjunction with medications. I will not use, purchase, or otherwise obtain any other legal drugs except as specifically authorized by the provider whose signature appears below or, during his/her absence by the covering provider. I will not use, purchase or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed medication, or any combination of substances (e.g., alcohol and prescription drugs) which impairs my driving ability, may result in DUI charges.
10. Medications or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided with direct evidence from authorities. A report narrating what you told authorities is not enough.
11. Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please do not phone for prescriptions after hours, on weekends or holidays.
12. In the event you are arrested or incarcerated related to legal or illegal drugs (including alcohol), refills on controlled substances will not be given.
13. I understand that these drugs should not be stopped abruptly, as withdrawal syndromes may develop.
14. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by this provider and other providers at Redemption Psychiatry and that law enforcement officials may be contacted.

I, _____, a patient of _____ [Redemption Psychiatry Medication Provider], have been informed that individuals who are prescribed medications including, but not limited to, stimulants, sedatives, hypnotics, and benzodiazepine tranquilizers, can abuse those substances or may allow abuse by others, and have some risk of developing an addictive disorder or suffering a relapse of a prior addiction. Therefore, I have been informed that it is necessary to observe strict rules pertaining to their use, and I agree to follow the terms and procedures described in this Agreement as consideration for, and as a condition of, the willingness of the physician whose signature appears below to consider prescribing or to continue prescribing medications to treat my mental health diagnoses.

I affirm that I have full right and power to sign and be bound by this agreement, and that I have read it and understand and accept all of its terms. A copy of this document has been given to me at my request.

Patient's Full Name:

Signature: _____

Date: «documentDateTime»

"Guardian Full Name:
Guardian1.RelationToPatient:

Guardian 2 Full Name:
Guardian2.RelationToPatient:

Provider's Signature: