

ACKNOWLEDGEMENT OF CONTROLLED SUBSTANCE POLICY

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1. MEDICATION WILL ONLY BE REFILLED BY OFFICE APPOINTMENT
2. IF THERE ARE ANY SIGNS OF ADDICTION, SELLING OF MEDICATION OR MISUSE OF MEDICATION, YOU WILL BE IMMEDIATELY DISCHARGED FROM THE PRACTICE
3. PRESCRIPTION MEDICATION WILL NOT BE MAILED OR PHONED IN FOR ANY CONTROLLED SUBSTANCE. AN APPOINTMENT IS NEEDED FOR REFILL.
4. IF THERE IS ANY PERCEIVED MISDIRECTION, LOST PRESCRIPTIONS, IF THE "DOG EATS" THE PRESCRIPTION IT WILL NOT BE REFILLED UNTIL SCHEDULED REFILL TIME .
5. CONTROLLED SUBSTANCES MAY ONLY BE WRITTEN FROM ONE PHYSICIAN AND ONE PHYSICIAN ONLY. IF THERE ARE MULTIPLE DOCTORS INVOLVED, THIS COULD RESULT IN IMMEDIATE DISCHARGE FROM THE PRACTICE.
6. THERE WILL ONLY BE ONE DESIGNATED PHARMACY THAT WILL FILL YOUR CONTROLLED SUBSTANCE PRESCRIPTION
7. THERE MAY BE RANDOM NARCOTIC AND/OR SUBSTANCE ABUSE SCREENING REQUESTED. IF YOUR INSURANCE DOES NOT COVER THE COST, YOU WILL BE RESPONSIBLE FOR THE PAYMENT, THIS ASSURES THAT YOU ARE THE PERSON TAKING THE MEDICATION AND IT IS NOT BEING SOLD OR GIVEN TO OTHERS.
8. ANY NON-AUTHORIZED USE OR MISUSE, EITHER IN HOW YOU TAKE IT OR GIVING IT TO OTHERS, COULD BE GROUNDS FOR IMMEDIATE DISMISSAL FROM THE PRACTICE WITH NOTIFICATION TO THE DEA AND THE SHERIFF'S DEPARTMENT.

YOUR DESIGNATED PHARMACY FOR CONTROLLED SUBSTANCES

Pharmacy Name *

Pharmacy Phone *

Print Name *

Date *

