



ROCHESTER CENTER
FOR BEHAVIORAL MEDICINE

Controlled Substance Contract

Controlled substance medications (stimulants, benzodiazepines and tranquilizers) can be effective in the treatment of certain mental health disorders. As controlled substances are highly regulated, the Rochester Center for Behavioral Medicine follows a stringent protocol when prescribing these medications.

Please review the following “patient responsibilities” and sign at the bottom to indicate your understanding of these policies.

Because my clinician is prescribing controlled substance medications as part of my treatment plan, I agree to the following conditions:

- I will attend appointments at the Rochester Center for Behavioral Medicine at the frequency deemed appropriate by my clinical team
- I give permission to the Rochester Center for Behavioral Medicine to access and review my prescription history at random intervals
- I will fully disclose to my treatment team all current medications, short-term and long-term and will notify my prescriber of changes to my medication regimen
- I am responsible for the medications prescribed to me. If my prescription is lost, stolen or misplaced or if I take more than what is prescribed to me, my prescription will not be replaced
- I give permission for my clinician to discuss my diagnosis and treatment with other clinicians providing my medical care.
- I will use only one pharmacy for all of my prescriptions. I will register the name and phone number of the pharmacy with my clinician and, should a change of pharmacy be necessary, I will let the office know.
- Refill requests from pharmacies will not be accepted
- I agree to undergo random urine drug testing per the protocol of the Rochester Center for Behavioral Medicine. The presence of illicit drugs or the absence of my prescribed medications will be considered a breach of contract and may be grounds for dismissal from the practice. Failure to comply with the screening will be considered grounds for dismissal as well.
- I will not request or accept controlled substance medications from any other clinician or individual while am receiving such medications from the Rochester Center for Behavioral Medicine
- I will not give, share or sell my medications to any other person

Name of Patient or Guardian: _____

Signature

Date Signed