

## CONTROLLED PRESCRIPTION MEDICATION TREATMENT AGREEMENT

This form is in the event you are prescribed a medication that is regulated by the Federal Drug Enforcement Administration. Substances controlled by the DEA require prescribers to carefully monitor use of the medication, and patients to abide by strict guidelines for use. Please review the following and sign:

I \_\_\_\_\_, agree to abide by SPM guidelines and all applicable laws for taking controlled prescription medication including:

1. I will take the medication only as prescribed and not in quantities or at times other than prescribed. I understand that this means I should not use sleeping medication during daytime hours or stimulant medications in the late evening or nighttime hours.
2. I will not give, loan, sell, or otherwise distribute the medication to anyone else.
3. I understand that I may be asked for a Urine Drug Screen at any time, and if positive for illegal substances, medications not prescribed to me, or negative for prescribed medications, this may result in discontinuation of certain medications or discharge from services.
4. I understand that SPM prescribers will use the Virginia Prescription Monitoring Program database to check on my compliance with this agreement, and if misuse is shown here, this may result in discontinuation of certain medications or discharge from services.
5. I will keep the medication in a secure location to avoid loss or theft, such as a medication lockbox available at <http://www.lockmed.com/>.
6. I will not obtain prescription form controlled medications from other prescribers without notifying my SPM prescriber.
7. I will fill my medications at the same pharmacy and will notify my SPM prescriber if I switch pharmacies.
8. I understand that controlled medications require a written prescription and cannot be called or faxed in. I will notify at least 7 days in advance of any need for a prescription refill. I understand that if a prescription is lost or stolen, it cannot be replaced (SPM can hold prescriptions for future refills on location to help prevent loss or theft).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_