

CONTROLLED OR POTENTIAL OF ABUSE TREATMENT CONTRACT

As a participant in controlled or potential of abuse medications treatment, I freely and voluntarily agree to accept this treatment contract.

I understand that controlled and abusable medications are used to treat specific diagnoses, and are not for recreational use. They can have serious effects if misused or used without a prescription including heart arrhythmias and sudden deaths. I understand that I am required to follow with Jennifer Durward, APRN, PMHNP-BC, for regularly scheduled appointments to obtain medication refills. **Prescriptions for stimulant/benzodiazepine medications will NOT be given by other providers.** I understand that controlled substance medications are regulated by the government because they have the potential for misuse. Therefore, retail pharmacies, per the DEA, only allow one-month supply at a time unless you use a mail order pharmacy. This does not apply to benzodiazepines. If I miss more than three appointments without giving a 24-hour notice of scheduled appointment I may be referred to the community for care.

If a prescription is lost, stole, or used up too soon it will not be replaced and that I will need to wait until the next refill to receive more medication. If I use more medication that was prescribed to me the previous month, I will not be able to get an early prescription. If it is discovered that I am inappropriately using controlled abusable medication (selling, abusing, or lending to friends), etc., I will not be allowed to receive controlled abusable prescriptions through Laverdure Psychiatry, PLLC. I acknowledge that it is both illegal and potentially very dangerous to share or sell prescription medications to another person. The use of benzodiazepines with opioids is not permitted.

You, the patient, must report significant side effects from your medication(s). For example: over-sedation, nausea, vomiting, confusion, dizziness, sweating, quick sudden jerky movements of arms or legs, headaches, tremor, vivid dreams, rigidity hallucinations, dry mouth, increased or decreased heart rate, itching, or changed in blood pressure. You may not drive motor vehicles or operate machinery if you develop any drowsiness, sedation, dizziness, or any other symptoms that would prevent you from acting safe. You are responsible for contacting the provider at any time excessive drowsiness or other major side effects develop. The phone number is (406)-945-9019. All female patients should notify the provider if they are pregnant or possibly at risk to become pregnant. You must call us immediately (the same day 24/7/365) when pregnancy is discovered. You **MUST NOT** adjust your medication dose on your own under any circumstances. This may produce withdrawal symptoms in your baby and may cause miscarriage.

I acknowledge the following:

- I agree to allow my prescriber to order any testing needed/pill counts to make sure I am using my medications correctly, including not abusing illicit substances. I understand that I may be tested at any time, and if I do not comply with the request within business hours on the day, I am called this may lead to not further prescriptions for abusable medications.
- I understand that my mental status will be assessed and monitored on a regular basis to see how my treatment plan is working. Renewals of prescriptions, if indicated, and contingent upon keeping routine appointments.
- If requested, I agree to engage in therapy to learn and use behavioral skills to cope with symptoms and plan to reduce the dosage of these medications in order to minimize rise of tolerance/dependence.
- I will not request or seek out stimulant/benzodiazepine medication from anyone else, including other clinicians, emergency departments, dentists, and so forth. I understand it's my responsibility to know if I am taking this type of medication.
- I will use only one pharmacy for all my stimulant/benzodiazepine medications and give my provider and her staff full permission to communicate with the pharmacist about my care and medication. The Montana Prescription Drug Registry is verified upon each request for stimulant/benzodiazepine medications.
- I understand use of marijuana or any other illicit substance is a violation of contract with any DEA controlled medication. As a provider I am willing to work with you to address any concerns that are related to misuse of the controlled medication.
- I recognize that long-term use (more than 2 months) of these medications may lead to tolerance, dependence and addiction issues. Because of these risks prescriptions will not be renewed earlier than 30 days from the previous prescription day. I understand that if I stop the medication suddenly, I may develop serious or life-threatening withdrawal symptoms. Scheduled weaning will be monitored/prescribed by Jennifer Durward, APRN, PMHNP-BC, when necessary.
- I agree to notify all providers involved in my care of my current medication regimen, including any use of controlled or abusable medications.
- If I violate any of the conditions of this agreement, my stimulant/benzodiazepine medication may be gradually tapered, or stopped.
- For further information please refer to: DEA.gov; getsmartaboutdrugs.gov

Patient's Signature

Date

Jennifer A. Durward, APRN, PMHNP-BC

Date